

Charlevoix-Emmet Intermediate School District
Multidisciplinary Evaluation Team (MET) Summary

Hearing Impairment (HI)

Student _____ Birthdate _____ School _____ Date of MET/IEP _____

Type of Evaluation: Initial Reevaluation to determine absence or presence of a disability

BASIS FOR MAKING RECOMMENDATIONS:

True False

- 1. Student is deaf with a hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification.
- 2. Student is hard of hearing and has a permanent or fluctuating hearing loss which is less severe than the hearing loss of students who are deaf and which generally permits the use of the auditory channel as the primary means of developing speech and language skills.
- 3. The student has been assessed in all areas related to the suspected disability including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities.
- 4. Suspected disability is not due to limited English proficiency or lack of appropriate instruction in math or reading.
- 5. The findings are not primarily the result of: visual impairment; motor impairment; cognitive impairment; emotional impairment; environmental, cultural or economic disadvantage.
- 6. Evidence exists that there is an adverse affect on the student's educational performance.

The undersigned multidisciplinary team members certify that this report reflects the conclusions reached regarding this student. Any team members who disagree with any portion of the above findings will attach a Minority Report to this copy. All reports needed to verify these findings are attached. These findings will be presented at an IEPT meeting. Results of this report will be shared with parents prior to the IEPT meeting by: _____

REQUIRED SIGNATURE: _____ Teacher Consultant of Hearing Impaired
REQUIRED SIGNATURE: _____ Audiologist
REQUIRED SIGNATURE: _____ Otolaryngologist or Otologist
OPTIONAL SIGNATURE: _____ Other

Minority Report Available