



Mrs. Mary Kline, SPED Director
PO BOX 190, Whiteriver, AZ 85941 (928) 338-2005, Fax: 338-4840

Date: _____

MET 2 (Multidisciplinary Evaluation Team) Eligibility Determination Meeting
Agenda

A. Coversheet

* Reason for referral:

F. Evaluation Summary

1. Area of Assessment
2. Evaluator(s) that completed additional assessments
3. Observation: Testing environment
4. Diagnostic Impression (DSM-IV)
5. Conclusion - Summarize student's academic, functional, and behavioral strengths
6. Conclusion - Summarize student's academic, functional, and behavioral needs
7. Conclusion - Other (If student is ELL, state rationale for the student's need for specialized instruction is a result of their disability and not their level of language proficiency.)

8. Documentation of educational implications of suspected disability
9. Statement of Potential Eligibility for Special Education
10. Assistive Technology
11. Recommendations and identification of academic and behavioral needs to access the general curriculum

G. Eligibility Determination:

* Clarification

H. Recommendations:



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IEP (Individualized Educational Plan -without a Transition Plan)

Meeting Agenda

I. Overview on Student's Profile

- a. Hearing Vision Date and Results
- b. Category of Eligibility /Level of Service/Participation
- c. Special Education Eligibility

II. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

- a. Goal Number Written: Goal Number Met: _
- b. Summarize special education services the student is receiving:
- c. Present Level of Academic Achievement

1. **READING SKILLS** - Detail specific reading strengths, needs for improvement, current reading accommodations/modifications and assistive technologies (if any) and when they are needed to access the general curriculum

2. **WRITING SKILLS**- Detail specific reading strengths, needs for improvement, current reading accommodations/modifications and assistive technologies (if any) and when they are needed to access the general curriculum

3. MATH SKILLS - Detail specific reading strengths, needs for improvement, current reading accommodations/modifications and assistive technologies (if any) and when they are needed to access the general curriculum

4. Parent's Input on Student's Current Academic Achievement:

5. Teacher Reports: Current Classroom-Based Data:

6. State and District Assessments:

III. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

a. Behavior strengths

b. Behavior does significantly and adversely impact the progress in the general curriculum? Yes or No

If YES:

1. Detail recurring inappropriate behavior and its impact on classroom performance.

2. Current behavioral interventions and strategies and when they are needed to access the general curriculum.

3. Discipline referrals/attendance/tardies/time-outs and other behavior that affects progress in the general curriculum.

c. Physical Development: how does the child's physical development impact his/her involvement and progress in the general curriculum?

d. Communication: how does the child's communication skill impact his/her involvement and progress in the general curriculum?

e. Parent's Input on Student's Current Functional Achievement:

f. Independent Living Skills

g. Environmental Access/Mobility:

h. Self-Determination/Self-Advocacy Skills:

i. Summary of Work Habits: including Transition/Vocational when appropriate:

j. Special Education Services: (areas of educational need that are appropriate)

k. Clarification:

IV. Additional Documentation/Consideration Of Special Factors

V. Goals

VI Accommodations

VII. Assessments (Accommodations, ELL Notes, CURRENT STATE STANDARDIZED TEST (i.e. AIMS) RESULTS, AIMS GRADUATION LEVEL OF PERFORMANCE

VIII. ASSESSMENTS (Employment, Training/Education, Other, Independent Living Skills)

a . STUDENT STRENGTHS, PREFERENCES, AND INTERESTS

b. Details/Clarification: Summarize the strengths based on the assessments discussed

IX. Special Education Services To Be Provided

a. SPED Services Instr. Setting/(Location definition Start Date Frequency
(minutes) End Date)

b. Level of Service

c. Least Restrictive Environment

1. Explanation of the extent, if any, to which the student will NOT participate with non-disabled students in the general curriculum, extracurricular and nonacademic activities, and program options.

2. Consider any potential harmful effects of this placement for the child or on the quality of services that he or she needs

3. Instructional Setting/Continuum of Service

X. Medicaid Services (If any)

XI. Prior Written Notice



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c. Physical Development: how does the child's physical development impact his/her involvement and progress in the general curriculum?

d. Communication: how does the child's communication skill impact his/her involvement and progress in the general curriculum?

e. Parent's Input on Student's Current Functional Achievement:

f. Transition: (Career and Job Preference)

g. Independent Living Skills

h. Environmental Access/Mobility:

i. Self-Determination/Self-Advocacy Skills:

j. Sources of Information Regarding Transition:

k. Summary of Work Habits: including Transition/Vocational when appropriate:

l. Special Education Services: (areas of educational need that are appropriate)

m. Clarification:

IV. Additional Documentation/Consideration Of Special Factors

V. Goals

VI Accommodations

VII. Assessments (Accommodations, ELL Notes, CURRENT STATE STANDARDIZED TEST (i.e. AIMS) RESULTS, AIMS GRADUATION LEVEL OF PERFORMANCE

VIII. ASSESSMENTS (Employment, Training/Education, Other, Independent Living Skills)

a. STUDENT STRENGTHS, PREFERENCES, AND INTERESTS

b. Details/Clarification: Summarize the strengths based on the assessments discussed

c. POST SECONDARY TRANSITION GOALS (Employment, Training/Education, Independent Living Skills)

d. COORDINATED TRANSITION SERVICES:

TRANSITION SERVICES
AGENCY RESPONSIBLE

NEEDS & ACTIVITIES
DURATION

PERSON AND/OR

Instruction

Community Experiences

Employment

Post School and Adult Living

Related Services

Daily Living

Functional Vocational Assessment

- e. Student identified these high school courses of interest related to their post-secondary goals:
- f. Recommendations to assist the student in meeting post-secondary goals:

IX. Projected Course of Study Planning

- a. Current and projected high school courses that support the student's career and post-secondary goals:
- b. AGENCY COLLABORATION AND RESPONSIBILITIES (by age 16 or younger if appropriate)
- c. STATEMENT OF TRANSFER OF RIGHTS AT THE AGE OF MAJORITY

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- 3. Instructional Setting/Continuum of Service

XI. Medicaid Services (If any)

XII. Prior Written Notice

XIII. Other Comments



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MANIFESTATION HEARING AGENDA

Date: _____ Student's Name: _____

I. Background information _____ Number of days suspended prior to this incident.

YES / NO

_____ Has a behavior plan been developed?

_____ Special Education

_____ Has a Functional Behavior Assessment/Behavioral Screening been conducted?

_____ Was a weapon involved in this incident?

_____ 504 Accommodation Plan

_____ Evaluation Pending, not yet eligible

II. Incident: Describe the nature of the allegations against the student and related information that were considered by the team (i.e. discipline and other reports)

Date of incident: _____ Description: _____

III. Document the relevant information reviewed and considered:

1. Teacher observations:
2. Current evaluation and diagnostic results:
3. Information supplied by parent:
4. Appropriateness of the current IEP & Placement:
5. Any other relevant information considered: (including attendance, previous discipline, information from counselors).

YES/ NO

_____ The student's IEP and placement are appropriate and the special education services, supplementary aids and services, and behavior intervention strategies were being provided consistent with the student's IEP and placement at the time of the incident.

_____ The student is able to understand the impact and consequences of the behavior subject to disciplinary action, and his/her disability does not impair his understanding.

Note: All of the above must be checked "YES" for the team to determine that the behavior of the student was NOT a manifestation of the student's disability.

V. Determination: Based on the above review, the IEP team members conclude that:
YES/NO

_____ The student's misconduct was NOT a manifestation of the student's disability.

_____ The student's misconduct WAS a manifestation of the student's disability.

VI. Additional documentation:

CHECK AREAS NEEDED:

_____ IEP to be scheduled. School will refer student for a long-term hearing.

_____ Additional behavioral data is needed.

_____ School will refer student for 45 alternative setting.

_____ *(Drug and weapon offenses or infliction of serious bodily injury on another)*

_____ School will refer student for a long-term hearing.

_____ Behavior Plan to be developed/implemented/revise.

VII. Team Recommendations:

PRESCHOOL EVALUATION AGENDA (SAMPLE #2)
(Eligibility Completed day of evaluation and sent to school for IEP)

1. **Introductions; Roles; Purpose of the visit**
2. **Explanation of Procedural Safeguards**

Review of Existing Data (if previous private or AzEIP Reports)
4. **Permission to Evaluate**
5. **Prior Written Notice**

Other team members starting evaluation
7. **Multidisciplinary Evaluation Team Meeting to discuss strengths and needs of your child (what your child knows, understands and is able to do now?)**

Determine your child's eligibility; obtain signatures
9. **Prior Written Notice**

Parents informed about preschool program (curriculum, hours, days, service delivery models).
11. **Parents receive registration forms & immunization information.**

Parents informed that next step is to develop an Individualized Education Program (IEP) for their child within 30 days. Goals and services to be determined at the IEP Meeting. Classroom team will call the parent to set up meeting at the school. Parent may register at any time before or day of meeting, but must be registered at the school office before the meeting.

Complete the Evaluation Report (written report to be provided to classroom teams and family within 1week).

AGENDA FOR (Child's Name) Individual Education Program (IEP) Meeting

- Introductions/Roles*: Purpose of the Meeting
(ie: review or develop the IEP; to make decisions; inform, plan, solve problems, track progress, team build, celebrate, learn, report)

Explanation of Procedural Safeguards

- Brief review of Assessment Info (where we've been); Teacher signs that she has reviewed MET.
- Close out previous goals.
- Strengths and Needs of your child - Present Levels of Performance
(What your child knows, understands and is able to do now).
-
- IEP Goals and Objectives
(What do we want your child to know, understand and be able to do one year from now?)
- Services/Amount of Time/Placement
(Where can we best meet the needs of your child?)

Adaptations/Modifications/Equipment needed to implement the goals.

- Consideration of Special Factors

Consent for Initial Placement (if applicable)

- Prior Written Notice

Signatures of those that participated in the development of the IEP.