

## MET ELIGIBILITY RECOMMENDATION – Emotional Impairment (EI) Rule 340.1706

Student Information						
UIC Code:		Date:	Grade:			
Student Name: _			Birthdate:/			
		Middle				
Resident Dist.: _	esident Dist.: Attending School:		Oper.Dist:			
This eligibility recommendation is a(n): Initial Determination Re-Determination						
this rule, exhi impairment"	ibit maladaptive behaviors r	ents who, in addition to the characte elated to schizophrenia or similar dis no are socially maladjusted, unless it	sorders. The term "emotional			

## Attach reports to substantiate the following

Yes	No	Eligibility Requirement	
		Manifestation of behavioral problems primarily in the affective domain, over an extended period of time, which adversely affect the student's education to the extent that the student cannot profit from learning experiences without special education support. The problems result in behaviors manifested by 1 or more of the following characteristics:	
		<ul> <li>□ Inability to build or maintain satisfactory interpersonal relationships within the school environment</li> <li>□ Inappropriate types of behavior or feelings under normal circumstances</li> </ul>	
		☐ General pervasive mood of unhappiness or depression	
		☐ Tendency to develop physical symptoms or fears associated with personal or school problems	
		Behaviors are not primarily the result of intellectual, sensory, or health factors.	
		The MET report includes documentation of all of the following:  The student's performance in the educational setting and in other settings, such as adaptive	
		behavior within the broader community.  The systematic observation of the behaviors or primary concern which interfere with educational and social needs.	
		☐ The intervention strategies used to improve the behaviors and the length of time the strategies were utilized.	
		☐ Relevant Medical findings if any.	
		A determination of impairment shall be based on data provided by a multidisciplinary evaluation team, which shall include a full and individual evaluation by both of the following:	
		(a) A psychologist or psychiatrist.	
		(b) A school social worker.	

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UIC Code:			Date:
Student Name:	Last	First	Middle

## **Assurance Statements**

Tests used in the assessment process were administered in accordance with evaluation procedures outlined in IDEA 300.304 including, but not limited to, the following: assessments were administered by trained personnel using standardized instructions; validated for the specific purpose for which they are used; designed to assess specific areas of educational need, and not merely to provide a single general intelligence quotient; reflective of a person's aptitude, achievement or whatever other factors the test purports to measure, rather than reflecting the person's impairments, unless this is what the test is intended to measure; selected and administered so as not to be socially, racially or culturally discriminatory and; in the student's native language where necessary.

In accordance with IDEA 300.306 eligibility is not primarily due to a lack of instruction in reading, math or limited English proficiency. Procedures for determining eligibility and educational need. (1) In interpreting evaluation data for the purpose of determining if a child is a child with a disability under § 300.8, and the educational needs of the child, each public agency must—(i) Draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior; and (ii) Ensure that information obtained from all of these sources is documented and carefully considered.

Yes	No	Eligibility Recommendation
		All eligibility requirements have been met.
		The impairment necessitates special education or related services, or both

## Therefore, we recommend to the IEP team, who will determine eligibility, that

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criteria as a student with an Emotional Impa	mmends to the IEP team that this student does not meet eligibility
MET MEMBERS: Include name, identify title, and attack	ch a statement of disagreement if necessary
Name	Title
	Psychologist/Psychiatrist
	School Social Worker

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