1101 Red Drive
Traverse City, MI 49684
Phone: 231.922.6200

Deaf - Blindness
Rule 340.1717

MET Cover Page – Deaf – Blindness (DB)

STUDENT INFORMATION

UIC Code:_____ Date:_____ Grade:_____

Student Name:_____ Birthdate:_____/_____/_____
Last First Middle

Resident Dist.:_____ Attending School:_____ Oper. Dist.:_____

This Report is an: ☐ Initial Determination ☐ Re-Determination

Eligibility is not primarily due to a lack of instruction in reading, math or limited English proficiency. A determination of impairment is NOT BASED SOLELY on behaviors relating to environmental, cultural, adaptive behavior or economic differences.

Attach reports to substantiate these findings.

ELIGIBILITY REQUIREMENT

Yes No

☐ ☐ MET members included medical specialist such as **any** of the following:

- ☐ an optometrist
- ☐ an audiologist
- ☐ an otolaryngologist
- ☐ an otologist
- ☐ an ophthalmologist
- ☐ a family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.

☐ ☐ MET members **ALSO** included a teacher of students with visual impairment.

☐ ☐ MET members **ALSO** included a teacher of students with hearing impairment.

☐ ☐ The student has concomitant hearing impairment and visual impairment, the combination of which causes severe communication and other developmental and educational needs that cannot be accommodated in special education programs without additional supports to address the unique needs specific to deaf-blindness.

AND/OR

Deaf-blindness also means **both** of the following:

☐ ☐ Documented hearing and visual losses that, if considered individually, may not meet the requirements for visual impairment, but the combination of the losses affects educational performance.

AND

☐ ☐ The student functions as if he/she has both a hearing and visual loss, based upon responses to auditory and visual stimuli in the environment, or during vision and hearing evaluations

Parent Input dated _____ and is documented in the _____ report.

UIC Code:_____ **Date:**_____

Student Name:_____
Last **First** **Middle**

ELIGIBILITY RECOMMENDATION: The team members agree that ALL of the following requirements are met:

YES	NO	
☐	☐	ALL SPECIFIC ELIGIBILITY CRITERIA ON PAGE 1 HAVE BEEN ANSWERED "YES".
☐	☐	A minimum of two persons have completed formal evaluations.
☐	☐	More than one diagnostic procedure has been included in this evaluation.
☐	☐	This report reflects information drawn from a variety of sources, INCLUDING PARENT INPUT, aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, **and other pertinent information.**
☐	☐	Tests used in this assessment are/were: administered by trained personnel; validated for the specific purpose for which they are used; designed to assess specific areas of educational need, and not merely to provide a general IQ; 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 or culturally discriminatory and; in the student's native language where necessary.

Comments: _____

_____

Therefore, we recommend to the IEPT that this student is found to be:

☐ INELIGIBLE as Deaf – Blindness Impaired
☐ ELIGIBLE as Deaf – Blindness Impaired

MET MEMBERS: Sign name, identify title and indicate agreement. If "NO" is checked, attach a statement of disagreement.

Name	Title	Signature	Agree? Yes	No
_____	_____	_____	☐	☐
_____	_____	_____	☐	☐
_____	_____	_____	☐	☐
_____	_____	_____	☐	☐
_____	_____	_____	☐	☐