

EVALUATION TEAM RECOMMENDATION

Severe Multiple Impairment (SXI)

File #:	MET Date:
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Student: _____ D.O.B: _____ Age: _____
 District: _____ School: _____
 Dom. Language: _____ Grade: _____

PURPOSE

- Initial eligibility, MET recommendation/summary. *(Attach all referenced material)*
- Change of eligibility for special education. *(Attach all referenced material)* Previous Eligibility: _____

EVALUATION FINDINGS AND DOCUMENTATION

The following information and documentation is required to recommend eligibility for special education as a student with a severe multiple impairment:

Required Information:

- Intellectual assessment/description of cognitive development
- Audiological information *(If applicable)*
- Vision information *(If applicable)*
- Medical/Health Information *(If applicable)*
- Physician statement that medical condition is permanent *(If applicable)*
- Information from parents

Name and Date of Attached Report/Document

ASSURANCE STATEMENTS

The Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

- This student manifests either of the following:
 1. Development at a rate of 2 to 3 standard deviations below the mean and **2 or more** of the impairments listed below: *(Check all that apply)*
OR
 2. Development at a rate of 3 or more standard deviations below the mean and **one** of the impairments listed below: *(Check all that apply)*
 - A hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills.
 - A vision impairment so severe that the visual channel is not sufficient to guide independent mobility.
 - A physical impairment so severe that the activities of daily living cannot be achieved without assistance.
 - A health impairment so severe that this student is medically at risk.
- The suspected disability is not due to the lack of appropriate instruction in the essential components of reading or math; or limited English proficiency.

RECOMMENDATION OF ELIGIBILITY

The Evaluation Team **1)** finds **all** the assurance statements to be true; **2)** has considered exclusionary factors; and **3)** recommends, based on the evaluation findings, that this student be considered eligible for special education programs/services under the severe multiple impairment rule (R340.1714). Yes* No

* If recommending eligibility, state present levels of academic achievement and functional performance on the back of this form or attach documentation that addresses this issue.

EVALUATION TEAM SIGNATURES

As a member of the Evaluation Team, I agree with the eligibility recommendation:

Psychologist _____ Other/Title _____
 Physician* _____ Other/Title _____

* (Signature on attached report)

This Evaluation Summary **does not** reflect my/our opinion and a separate statement is attached:

Signature/Title _____

EXCLUSIONARY FACTORS WORKSHEET

Severe Multiple Impairment

Each factor must be ruled out as the PRIMARY FACTOR for the student's inability to progress in the general education curriculum, and for obtained cognitive, achievement, and adaptive scores.	Yes	No
1. Lack of appropriate instruction in essential components of reading and math		
Does information obtained during assessment indicate lack of appropriate instruction in reading and math as the determinant factor in this student's inability to progress in the general education curriculum?		
2. Limited English Proficiency		
<ul style="list-style-type: none"> • Is there a language other than English spoken by this student? 		
<ul style="list-style-type: none"> • Is there a language other than English spoken by the student's home? 		
<ul style="list-style-type: none"> • Are there any specific dialect or cultural influences that would affect the student's ability to speak or understand English? 		
3. Cultural Background Differences		
<i>Document all information gathered in assessment that would exclude environmental or cultural disadvantage as the determinant factor for this student's inability to access general education curriculum or perform significantly below normal on measures of cognition, achievement, and adaptive behavior</i>		
<ul style="list-style-type: none"> • Is there compelling evidence from data gathered and information generated to indicate this student is unable to learn or perform on assessments due to cultural or background difference? 		
4. Socioeconomic Status, or Communication, Sensory or Motor Impairments		
<i>Document all information gathered through assessment that would exclude sensory or motor impairments as a factor for this student's deficient performance on assessment of cognition, achievement, and adaptive functioning.</i>		
<ul style="list-style-type: none"> • Does the assessment data indicate that lack of opportunity to learn due to socioeconomic circumstances is the cause or primary reason for the student's deficient scores obtained on cognitive, achievement, and adaptive skills measured? 		
<i>If any of the questions in sections 1-4 are YES, please document the reason a given exclusionary consideration is not the primary reason for the student's deficit cognitive, achievement, and/or adaptive scores:</i>		
5. Impairment Specific Considerations		
<ul style="list-style-type: none"> • Are the student's measured skills on the cognitive assessment consistently in the significantly deficient range across the assessment battery (language and visual/motor skills are equally deficient)? 		
<ul style="list-style-type: none"> • Are the student's measured skills of hearing, vision, orthopedic, or health so severe that the student is at risk without assistance? 		
<ul style="list-style-type: none"> • Are the student's observed behaviors in the classroom and school setting consistent with significantly deficient cognitive, academic, and adaptive functioning? 		

Present Level of Academic Achievement and Functional Performance: