

MULTIDISCIPLINARY EVALUATION AND ELIGIBILITY GROUP SUMMARY (MEEGS)

NAME OF CHILD: _____ STUDENT ID: _____
FIRST/MIDDLE/LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

BUILDING: _____ SITE CODE: _____ IEP TEACHER OF RECORD: _____

Type of evaluation conducted:

- Initial Evaluation Date of Parent Consent: _____
The determination of initial eligibility and educational needs must be completed within 45 school days of receiving parental consent for the evaluation.
- Reevaluation Date of Parent Consent: _____
- Reevaluation where no additional data is needed-*Required to only complete gray areas of form*

On the basis of the review of existing data and parent(s) input the following must be addressed when conducting both initial evaluations and reevaluations:

- Whether the child has a particular disability, or in the case of reevaluation, continues to have such a disability.
Check disability category:
 - Autism
 - Deaf-Blindness
 - Developmental Delay - list suspected disability _____
 - Emotional Disturbance
 - Hearing Impairment including Deafness
 - Intellectual Disabilities
 - Multiple Disabilities – list concomitant disabilities _____
 - Orthopedic Impairment
 - Other Health Impairment
 - Specific Learning Disability
 - Speech or Language Impairment
 - Traumatic Brain Injury
 - Visual Impairment including Blindness
- Present levels of performance and educational needs of the child.
- Whether the child needs special education and related services, or if a reevaluation, whether the child continues to need those services.
 - YES NO
- Whether any additions or modifications to special education and related services are needed to meet the measurable annual goals in the IEP and to participate, as appropriate, in the general curriculum (or age-appropriate activities for preschool children).
 - YES, additions or modifications are needed as follows:

 - NO, additions or modifications are NOT needed at this time.

MEEGS

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

Complete only the areas needed for this child.

AREA	EVALUATION PROCEDURES	PERSON/AGENCY QUALIFICATIONS	DATE (of information)	COMMENTS, FINDINGS, EDUCATIONAL NEEDS
PARENT INFORMATION CONCERNS/COMMENTS <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
DEVELOPMENTAL <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
ADAPTIVE BEHAVIOR _____ HOME _____ SCHOOL _____ AGE APPROPRIATE SETTING <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
SOCIOCULTURAL <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
HEALTH/MEDICAL <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
VISION <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
HEARING <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
MOTOR <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
COMMUNICATION/SPEECH AND LANGUAGE <input type="checkbox"/> Existing <input type="checkbox"/> New Information				

MEEGS

NAME OF CHILD: _____ STUDENT ID: _____

FIRST

MIDDLE

LAST

AREA	EVALUATION PROCEDURES	PERSON/AGENCY QUALIFICATIONS	DATE (of information)	COMMENTS, FINDINGS, EDUCATIONAL NEEDS
ACADEMIC: LISTENING COMPREHENSION <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
ORAL EXPRESSION <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
BASIC READING SKILLS <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
READING COMPREHENSION <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
READING FLUENCY <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
WRITTEN EXPRESSION <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
MATHEMATICS CALCULATION <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
MATHEMATICS PROBLEM SOLVING <input type="checkbox"/> Existing <input type="checkbox"/> New Information				

MEEGS

NAME OF CHILD: _____ STUDENT ID: _____

FIRST	MIDDLE	LAST		
AREA	EVALUATION PROCEDURES	PERSON/AGENCY QUALIFICATIONS	DATE (of information)	COMMENTS, FINDINGS, EDUCATIONAL NEEDS
ASSISTIVE TECHNOLOGY <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
PERCEPTUAL/PROCESSING <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
INTELLECTUAL/COGNITIVE <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
FUNCTIONAL BEHAVIOR ASSESSMENT <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
PSYCHOLOGICAL SOCIAL/EMOTIONAL <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
VOCATIONAL <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
OBSERVATION IN CLASSROOM OR OTHER ENVIRONMENT <input type="checkbox"/> Existing <input type="checkbox"/> New Information				
OTHER <input type="checkbox"/> Existing <input type="checkbox"/> New Information				

MEEGS – Additional Procedures and Requirements for Specific Learning Disabilities

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

Additional Procedures and Requirements for Specific Learning Disabilities

Describe Differentiated Instructional Strategies Attempted (Tier 1):

Describe Interventions (Tier 2):

Summary of behavior(s) noted during the observation and the relationship of that behavior to the child’s academic functioning:

When provided with learning experiences and instruction appropriate for the child’s age or State-approved grade-level standards the child does not achieve adequately in the following achievement area(s):

(Check all areas that apply):

- | | |
|--|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Reading Comprehension |
| <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Written Expression |
| <input type="checkbox"/> Reading Fluency Skills | <input type="checkbox"/> Mathematics Calculation |
| <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Mathematics Problem Solving |

Ruled out as the primary cause of learning problems:

- | | |
|---|---|
| <input type="checkbox"/> Physical/Sensory Impairments | <input type="checkbox"/> Environmental or Economic Disadvantage |
| <input type="checkbox"/> Intellectual Disabilities | <input type="checkbox"/> Cultural Factors |
| <input type="checkbox"/> Emotional Disturbance | |

Basis for making the determination: (Select one)

<input type="checkbox"/> Response to scientific, research-based intervention	OR	<input type="checkbox"/> A severe discrepancy between ability and achievement
List child-centered data collected:		A discrepancy of at least 1.5 standard deviations between ability and achievement exists in the following areas:

The parent(s) has been notified of their right to request an evaluation if using response to scientific, research-based intervention.

DATE: _____

Effective Strategies for increasing child’s rate of learning (Tier 3):

MEEGS

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

Ruled out as determining factor:

- Limited English proficiency Lack of instruction in Mathematics
- Lack of appropriate instruction in Reading, including the essential components of reading instruction

Summary and Conclusions

Conclusions of the multidisciplinary evaluation and adverse effects on educational performance:

If this child is not eligible for special education and related services, what are recommendations to address educational needs?

Evaluation and Eligibility Group (Eligibility determination is made by a group of qualified professionals and the parent[s].)

_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Parent	Date		
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Parent	Date		
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Special Education Teacher	Date		
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Regular Education Teacher	Date		
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Administrative Representative	Date		
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Qualified Examiner	Date		
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Other	Date		
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Other	Date		

***Group members who disagree must submit separate statements presenting their conclusions.** (Complete the Comment Form as necessary.)

An explanation of the evaluation procedures, evaluation results, and the eligibility determination has been provided to the parent(s) as participants in the group. Yes No

Parent(s) of a child with a disability have protection under the procedural safeguards of the IDEA.

Parent(s) have received **Parents Rights in Special Education: Notice of Procedural Safeguards**. Yes No

Parent Initial: _____

Translation/Interpretation needed? Yes No If yes, specify how and when provided: _____