

MET REFERRAL CHECKLIST

The following paperwork should be collected and available for review at the MET meeting.

| Student Name: | | | | Grade: | |
|---------------|---|--|-------------------------------------|---------------------------|--|
| Teacher (s): | | | School: | School: | |
| | | | | | |
| | Child Find/MET Request Form | | | | |
| | Developmental History (ages 3-9 and 10-21) conducted by interview either by phone or in | | | | |
| | person. | | | | |
| | MTSS/RTI Packet (Student Data Form and Social Emotional Worksheet) | | | | |
| | Teacher Narrative completed by the academic teacher(s) | | | | |
| | Classroom Observation(s) | | | | |
| | Hearing/Vision screening | | | | |
| | Educational Information | ☐ Statewide assessment scores | | | |
| | | ☐ District assessment scores (current and prior two years) | | | |
| | | ☐ Grades (current and prior two years) | | | |
| | | ☐ Absences (current and prior two years) | | | |
| | | ☐ LAS links scores (if applicable) | | | |
| | | ☐ Discipline referrals (if applicable) | | | |
| | | ☐ Copy of Cumulative insert | | | |
| | | □ Universal Screening Data | | | |
| | ☐ Class Comparison and Diagnostic Report | | | ort | |
| | | ☐ Teacher letter of concern (if applicable) | | | |
| | ☐ Parent letter of concern (if applicable) | | | | |
| | Previous Assessments – Assessment Team Report from School, Dyslexia screening, | | | | |
| | Psychological testing, or any discharge summaries or information from psychiatric placements, | | | | |
| | medical documentation, and etc. (if applicable) | | | | |
| | IEP, Eligibility Determination Form, and Summary Report (if applicable) | | | | |
| | Behavior/ABC Data (if applicable): ☐ Seven (7) days of ABC data (antecedent, behavior, | | | | |
| | consequence) | | | | |
| | | Sumn | nary of Behavior form – complete af | ter ABC data is collected | |
| | | | SIP if conducted | | |
| | ☐ Documentation of T2/T3 Behavior Intervention | | | | |