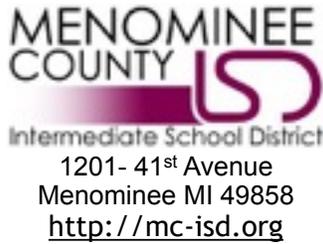


Telephone: 906-863-5665



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MET Transfer Form

Student Name: _____

D.O.B.: _____

Most recent **Evaluation** date: _____

MET Date: _____

This document confirms the MET Team has reviewed the records of the above named student and verifies the documentation adheres to criteria supporting eligibility in the area(s) of:

Diagnostic Personnel

**Approval Area

Date

**Someone knowledgeable in the area of the disability and identified by rule as a required member of the MET. See reverse for required personnel by eligibility area.

Note: This form is to be used for all transfer students when a MET has been completed within the last three (3) years and is accepted as valid by the appropriate diagnostic personnel.

<u>ACRONYM</u>	<u>ELIGIBILITY CATEGORY</u>	<u>REQUIRED PROFESSIONAL</u>
(AI)	Autistic Impaired	Psychologist, Social Worker <u>and</u> Speech Therapist
(EMI)	Educable Mentally Impaired	Psychologist
(EI)	Emotionally Impaired	Psychologist <u>and</u> Social Worker
(LD)	Specific Learning Disability	Regular Class Teacher <u>and</u> School Psychologist, Speech Therapist <u>or</u> TC
(HI)	Hearing Impaired	Audiologist, Otologist, <u>or</u> Otolaryngologist
(POHI)	Physically and Otherwise Health Impaired	Physician
(PPI)	Preprimary Impaired	Not Specific
(SMI)	Severely Mentally Impaired	Psychologist
(SXI)	Severely Multiply Impaired	Psychologist <u>and</u> Physician
(SLI)	Speech and Language Impaired	Speech Therapist
(TMI)	Trainable Mentally Impaired	Psychologist
(TBI)	Traumatic Brain Injury	Physician
(VI)	Visually Impaired	Ophthalmologist <u>or</u> Optometrist