

**NOTICE OF MULTIDISCIPLINARY EVALUATION TEAM DECISION  
(MET Does Not Initiate Evaluation)**

**SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT**

DATE:     MAILED                     SENT                     GIVEN                    \_\_\_\_\_

Dear Parent:

As a result of our recent meeting, the Multidisciplinary Evaluation Teams determined that a referral for a Comprehensive Assessment is not currently warranted. In considering the appropriate action(s) to assist your child, \_\_\_\_\_, the committee, through its review of information, found that an assessment to determine your child's eligibility for special education services is not necessary.

The committee did not initiate an evaluation for the following reason(s):

- Cultural factors cannot be excluded.
- Environmental factors cannot be excluded.
- Economic factors cannot be excluded.
- Limited English skills cannot be excluded.
- Interventions in regular education are successful.
- Additional interventions have been implemented and are being monitored.
- A remedial program has been initiated.
- Educational needs are met in the current placement.
- Educational performance does not indicate a need for special education services.
- Successful progress is noted in regular education.
- OTHER (Please specify): \_\_\_\_\_

The following option(s) was considered prior to making the determination:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Continuation of current interventions or supports</li><li><input type="checkbox"/> Implement additional intervention or supports</li><li><input type="checkbox"/> Tutoring</li><li><input type="checkbox"/> Schedule change</li><li><input type="checkbox"/> Counseling</li><li><input type="checkbox"/> OTHER (Please specify) _____</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Remedial programs</li><li><input type="checkbox"/> Behavioral interventions</li><li><input type="checkbox"/> Alternate programs</li><li><input type="checkbox"/> The need for special education services</li></ul> |
|--|---|

The option to determine your child's need for special education services was rejected due to:

- Educational performance does not indicate the need for special education services.
- OTHER (Please specify): \_\_\_\_\_

The following evaluation procedures, tests, records or reports were used as a basis for not initiating an evaluation:

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Educational record</li><li><input type="checkbox"/> Classroom performance</li><li><input type="checkbox"/> Grades</li><li><input type="checkbox"/> Performance on previous assessments</li><li><input type="checkbox"/> OTHER (Please specify) _____</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Observations</li><li><input type="checkbox"/> Parent input and/or reports</li><li><input type="checkbox"/> Attendance</li><li><input type="checkbox"/> English proficiency</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Results of screening instrument</li><li><input type="checkbox"/> Interventions being implemented</li><li><input type="checkbox"/> Supports in regular education classroom</li></ul> |
|---|---|--|

You and your child have protections under the procedural safeguards of both federal and State regulations. A copy of the procedural safeguards which includes the rights available to you and your child are attached. You may contact me or any of the following resources to help you understand the federal and State regulations:

|  |                |                  |
|--|----------------|------------------|
| Mississippi Department of Education      | 1-601-359-3498 | Other Resources: |
| Parent Partners                          | 1-800-366-5707 |                  |
| Mississippi Protection and Advocacy, Inc | 1-800-772-4057 |                  |
| Project EMPOWER                          | 1-800-337-4852 |                  |

Your continued input regarding your child's education services is very important to us. Please contact me if you have any questions regarding this information.

Sincerely,

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date