

Information to be entered into Student Intervention
Screen (MSIS) for all Initial Evaluations
Including Out of State Students

Non Initial (check if applied)

- Ruled in prior school year
- Ruled by another district
- Moved out of state
- Accepted out of state evaluation

Name of student: _____

Date of Birth: _____

Name of MET Chairperson: _____

Date turned into the Central Office: _____

MET Referral Date: _____

MET Response (check one) Referred for comprehensive assessment
 Remain in regular education setting
 Referred back to TST

MET Response Date: _____

Parent Consent to Evaluate yes no

Parental Consent to Evaluate Date: _____

Evaluation Date: _____

Eligibility Decision: yes no

Eligibility Decision Date: _____

Parental Permission to Serve yes no

Parental Permission to Serve Date: _____

IEP Date: _____

Teacher: _____

Eligibility Category: _____

Allowable Exceptions

- SLD written mutual agreement
- Parent repeatedly failed to produce child for evaluation
- Child moved during process