



Multidisciplinary Evaluation Team (MET) Review

General Information

Date of
Review:

Name: _____ DOB: _____

District: _____ Grade: _____

Evaluator: _____ Phone: _____

MET report

Satisfactory Participation: ☐ Yes ☐ Partially ☐ No Comments: _____

Past history info: _____

Prior evaluation data: _____

Behavior Concerns: _____

Testing Results

Composite score and subscale scores
eg. WISC, SB, KBIT, DAS

Intelligence: _____
eg. WIAT, KTEA, WJ

Achievement: _____
eg. Vineland, ABAS (& who reported)

Adaptive: _____
Average, borderline, below

Executive function: _____
Clinical significance (& who reported)

Behavior: _____

Other/comments: _____