



MET Transfer Form

School District: _____ School: _____

Student: _____ Grade: _____

Eligibility IEP Date: _____ MET Date: _____

Most Recent IEP Date: _____

This document confirms that a member of the MET Team has reviewed the records for the above named student and verifies that the attached documentation adheres to criteria supporting eligibility in the area of:

_____ (Eligibility Area)

Diagnostic Personnel	Approval Area*	Date

*Someone knowledgeable in the area of the disability and identified by rule as a required member of the MET.

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.

Staple to Accepted MET Report