

INITIAL EVALUATION
Case Management

STUDENT'S

NAME: _____ DOB: _____

Date Verified

MET Referral Date _____

Parent Invitation to MET meeting
Mailed Sent Given _____

2ND Invitation _____

MET MEETING conducted _____ *

NOTICE FOR EVALUATION _____

Mailed Sent Given

___ Process is stopped: ___ Data does not currently warrant need for Comprehensive Assessment
___ No Parental consent to evaluate

or

___ Parental Consent to evaluate signed: * _____
*60 day timeline begins

Comprehensive Assessment conducted and reports prepared

Parent Invitation to Eligibility Meeting _____
Mailed Sent Given

ELIGIBILITY Meeting Conducted ** _____
**60 day timeline ends

Parent Notice for IEP Committee Meeting _____
Mailed Sent Given

IEP meeting held//IEP developed _____ ***
***30 day timeline ends

MSIS data entered _____

NOTES: