

**MOVE-IN MULTIDISCIPLINARY TEAM REPORT**

**Student:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Enroll District:** \_\_\_\_\_

**Parents:** \_\_\_\_\_

**A. PREVIOUS SCHOOL DATA: School:**

Student's previous identified exceptionality:

Student's previous service setting was (where services were presented):

Related services were:

**B. ELIGIBILITY: (Check all that apply.)**

The presence of an exceptionality is substantiated by adequate data utilizing Cooperative eligibility criteria and student exhibits a need which can not be met with regular education alone.

(Check all criteria met)

<input type="checkbox"/>	<b>AM:</b>	<input type="checkbox"/> Communication <input type="checkbox"/> Social Interaction <input type="checkbox"/> Before age of 3
<input type="checkbox"/>	<b>DB:</b>	<input type="checkbox"/> Vision Loss <input type="checkbox"/> Hearing Loss
<input type="checkbox"/>	<b>DD:</b>	<input type="checkbox"/> 1.5 SD Delay <input type="checkbox"/> Diagnosed Condition <input type="checkbox"/> Assessment Unreliable
<input type="checkbox"/>	<b>ED:</b>	<input type="checkbox"/> Interpersonal Relationships <input type="checkbox"/> Behavior/Emotions <input type="checkbox"/> Physical Symptoms/Fears <input type="checkbox"/> Time/Degree
<input type="checkbox"/>	<b>GI:</b>	<input type="checkbox"/> Aptitude <input type="checkbox"/> Achievement <input type="checkbox"/> Products
<input type="checkbox"/>	<b>HI:</b>	<input type="checkbox"/> Hearing Loss <input type="checkbox"/> Educational Impact
<input type="checkbox"/>	<b>LD:</b>	<input type="checkbox"/> Aptitude-Achievement Discrepancy <input type="checkbox"/> Processing Deficit <input type="checkbox"/> Exclusions
<input type="checkbox"/>	<b>MD:</b>	<input type="checkbox"/> At Least Two Disabilities <input type="checkbox"/> Severe Educational Needs
<input type="checkbox"/>	<b>MR:</b>	<input type="checkbox"/> Aptitude <input type="checkbox"/> Adaptive Behavior <input type="checkbox"/> Achievement
<input type="checkbox"/>	<b>OHI:</b>	<input type="checkbox"/> Health Condition <input type="checkbox"/> Limited Strength <input type="checkbox"/> Limited Vitality <input type="checkbox"/> Limited Alertness
<input type="checkbox"/>	<b>OI:</b>	<input type="checkbox"/> Orthopedic or Health Impairment <input type="checkbox"/> Educational Impact
<input type="checkbox"/>	<b>SL:</b>	<input type="checkbox"/> Language <input type="checkbox"/> Voice <input type="checkbox"/> Fluency <input type="checkbox"/> Articulation/Phonology
<input type="checkbox"/>	<b>TBI:</b>	<input type="checkbox"/> Injury to brain from external source <input type="checkbox"/> Impaired Functioning
<input type="checkbox"/>	<b>VI:</b>	<input type="checkbox"/> Vision Loss <input type="checkbox"/> Educational Impact

Student's eligibility for special education based upon Cooperative eligibility criteria can not be determined due to a lack of data received from previous school.

Student has a current IEP and consent to implement the IEP and will receive special education services while a reevaluation is completed to determine Cooperative eligibility.

Student does not have a current IEP or consent to implement the IEP and will receive special education services based on the last IEP for which written consent is known to have been given until an expedited reevaluation to determine Cooperative eligibility is completed.

Adequate information is available to determine the student is eligible for special education services but does not require special education services and will attend regular education classes.

Adequate information is available to determine the student is not eligible for special education services and will attend regular education classes.

C. **RECOMMENDATIONS:** The following are areas of discrepancy/areas eligible for special education services. (Do not complete if the student's eligibility can not be determined.)

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

D. **Individual Education Program.**

- The IEP from the student's previous school will be adopted and implemented as written.
- The IEP from the student's previous school will be adopted and implemented with the following revisions: \_\_\_\_\_
- The IEP from the student's previous school will be adopted and implemented as written but a new IEP will be written by \_\_\_\_\_ (date)
- A new IEP was written on \_\_\_\_\_ (date)
- An IEP will not be written due to the student's:
  - Lack of meeting the Cooperative's eligibility requirements; and/or
  - Lack of identified need for special education services.

**WRITTEN CERTIFICATION THAT THIS REPORT REFLECTS EACH TEAM MEMBERS**

**CONCLUSIONS:** If not, the dissenting team member shall submit a separate, written statement presenting the member's conclusions.

Signature of Team Member	Position	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DISSENTING TEAM MEMBER (S) SIGNATURE AND ATTACHED STATEMENT REPRESENTING HIS/HER CONCLUSIONS:**

Signature of Team Member	Position	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____