



MIAMI-DADE COUNTY PUBLIC SCHOOLS

DOC TYPE 2563

DATE (MM/DD/YY)			_____
PRINT STUDENT'S NAME (LAST) (FIRST) (M.I.)			_____
STUDENT ID. NO.			_____

CASE # \_\_\_\_\_

<p><b>MULTI-DISCIPLINARY TEAM REPORT</b></p> <p><input type="checkbox"/> <i>Reevaluation</i>   <input type="checkbox"/> <i>Progress Report</i></p> <p><input type="checkbox"/> <i>Initial Evaluation</i>   <input type="checkbox"/> <i>Review</i></p>
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ADDRESS \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_ EXCEPTIONALITY \_\_\_\_\_

ETHNIC ORIGIN W B I A H M PARENT OR GUARDIAN \_\_\_\_\_

DATE OF LAST EVALUATION \_\_\_\_\_ DATE OF CURRENT EVALUATION \_\_\_\_\_

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ASSESSMENT AREA(S)	EXAMINER	DATE COMPLETED	PAGE(S)
SOCIAL HISTORY/ADAPTIVE BEHAVIOR	_____	_____	_____
PSYCHOEDUCATIONAL	_____	_____	_____
<b>REFERRAL INFORMATION:</b>			
REFERRAL FORM/STRATEGIES	_____	_____	_____
VISION	_____	_____	_____
HEARING	_____	_____	_____
SPEECH/LANGUAGE	_____	_____	_____
OBSERVATIONS	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
MEDICAL	_____	_____	_____
ANECDOTAL	_____	_____	_____
<b>ATTACHMENTS</b>			
PARENT PERMISSION (EVALUATION)	_____	_____	_____
INTENT TO CONDUCT AN EVALUATION	_____	_____	_____