Clear Form

MIAMI-DADE COUNTY PUBLIC SCHOOLS

PSYCHOMETRIC DATA

STUDENT'S NAME	SCHOOL	GRADE	C.A.- At time of evaluation

LANGUAGE(S) USED: English ☐ Spanish ☐ Haitian-Creole ☐ Other _____ Bilingual ☐	DATE OF EVALUATION	PSYCHOLOGIST COMPLETING FORM

INTELLIGENCE

Test/Subtest	S.S.	%

ACADEMIC

Test/Subtest	A.E.	G.E.	S.S.	%

PROCESS

Test/Subtest	A.E.	G.E.	S.S.	%

PERSONALITY

INTERVENTIONS IMPLEMENTED AND MONITORED (Academic/Behavioral Difficulties)

Date(s)	Interventions	Outcomes
	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.

***To be completed after CST/SST/SDT determines need for evaluation.**