



MIAMI-DADE COUNTY PUBLIC SCHOOLS

**REVIEW OF SPEECH-LANGUAGE REPORTS
ORIGINATING OUTSIDE MIAMI-DADE COUNTY PUBLIC SCHOOLS**

I. BACKGROUND INFORMATION

Student's Name: _____ ID#: _____ D.O.B.: _____ CA: _____

Current School: _____ Current Grade: _____

School District or Agency Generating Report: _____

Name of Speech Pathologist who Prepared Report: _____ Date Prepared: _____

Professional Background: _____ Licensed Speech Pathologist, License #: _____
(Check all that apply.) _____ School Speech Pathologist Employed by:

_____ Other: _____

II. SPEECH PATHOLOGIST COMMENTS (Check all that apply.)

___ REPORT MEETS RECENCY AND PROFESSIONAL BACKGROUND CRITERIA

___ REPORT IS UNACCEPTABLE

___ Recency of Evaluation

___ Recency of Evaluation Instruments Used

___ Unacceptable Number/Choice of Evaluation Instruments

___ Professional Background of evaluator preparing report does not meet professional guidelines for Miami-Dade County Public Schools

___ Other _____

III.

<i>Name of Reviewer</i>	<i>Signature of Reviewer</i>	<i>Date</i>

IV. SCHOOL SUPPORT TEAM (SST) REVIEW

___ No further data is needed

___ Further evaluation/re-evaluation by School Speech Pathologist is necessary

Additional assessment needed: _____

V.

<i>Name of School Speech Pathologist</i>	<i>Signature of Reviewer</i>	<i>Date</i>

ATTACH THIS FORM TO A COPY OF THE REPORT