



**OFFICE OF EXCEPTIONAL STUDENT EDUCATION
DEPARTMENT OF SPEECH & LANGUAGE IMPAIRED PROGRAMS**

Receipt of Private Speech and/or Language Evaluation

This form indicates that a private Speech and/or Language evaluation of your child,
_____ (Name) _____ (ID#), was received on
_____ (Date) by _____ (school/program). We
appreciate your attention to your child's academic well being, and would like to assist you in
ensuring that your child receives the appropriate education for his/her needs.

Please note that according to the Florida State Board of Education Rule 6A-6.0331, Section 2,
the learning and/or behavioral needs of all students are to be addressed through interventions in
the general educational classroom and those interventions must be monitored for an adequate
length of time prior to determination of eligibility for special services.

Miami-Dade County Public School uses the School Support Team (SST) process to ensure that
students receive the interventions in the general education setting and are monitored at his/her
school.

The school Speech-Language Pathologist will review the private Speech and/or Language
evaluation report you have provided and will share the pertinent information with your child's
classroom teacher. The report will be considered by the SST to develop appropriate
interventions for your child, if needed. Once interventions have been in place and monitored,
the determination will be made by the SST whether your child should be considered in need of
special services.

If developed interventions were not successful, the school/program is to complete the request
for assistance documents which includes the information on the interventions and monitoring,
the screening of vision, hearing screening, teacher observations and the private Speech and/or
Language evaluation. If additional assessments are needed, you will be requested to give
consent for evaluation. These documents will then be forwarded to the Exceptional Student
Education Service Center to be processed.

Should you have any questions or concerns, please contact the SST coordinator or School
Principal and/or designee.

Sincerely,

School Principal/Designee

Date

- **Original to School Speech-Language Pathologist**
- **Copy to SST Chairperson**