Clear Form

MIAMI-DADE COUNTY PUBLIC SCHOOLS

MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)

REVIEW OF PSYCHOLOGICAL REPORTS ORIGINATING OUTSIDE MIAMI-DADE COUNTY PUBLIC SCHOOLS

SECTION A

I. BACKGROUND INFORMATION – completed by School Psychology Reviewer

Student's Name:_____ID#:_____D.O.B.:_____CA:_____

Current School:_____Current Grade: _____

School District or Agency generating report: _____

Name of Psychologist who prepared report:_____Date Prepared: _____

Professional Background: (Check all that apply.)

- ☐ Licensed School Psychologist, License No.: _____
- ☐ Licensed Psychologist, License No.:_____
- ☐ School Psychologist Employed by M- DCPS or _____
- ☐ Other: _____

II. SCHOOL PSYCHOLOGY REVIEWER COMMENTS (Check all that apply)

- ☐ REPORT MEETS RECENCY AND PROFESSIONAL BACKGROUND CRITERIA
- ☐ REPORT IS UNACCEPTABLE
  - ☐ Recency of evaluation
  - ☐ Professional background of evaluator does not meet the professional guidelines for Miami-Dade County Public Schools *(Licensed Psychologist or Licensed School Psychologist.)*
  - ☐ Other Reason(s): _____

COMMENTS: _____

III.

Name of Reviewer	*Signature of Reviewer*	*Date*

SECTION B

I. SCHOOL SUPPORT TEAM (SST) REVIEW – completed by School-site School Psychologist

- ☐ No further data is needed
- ☐ Further evaluation data by a school psychologist is necessary; the following additional assessment(s) is/are needed:_____

II.

Name of School Psychologist	*Signature of Reviewer*	*Date*

ATTACH THIS FORM TO A COPY OF THE REPORT

This form is required for **all** psychological evaluations originating outside of M-DCPS.