



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.

Name of Reviewer _____ *Signature of Reviewer* _____ *Date*

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.

Name of School Speech Pathologist _____ *Signature of Reviewer* _____ *Date*

ATTACH THIS FORM TO A COPY OF THE REPORT