**MISSISSIPPI DEPARTMENT OF EDUCATION**

**OFFICE OF SPECIAL EDUCATION**

**SPEECH-LANGUAGE THERAPY PROGRAM/SCHOLARSHIP**

**CERTIFICATION FOR SCHOOL YEAR 2018-2019**

**DISTRICT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DISTRICT CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASSURANCES:**

As Superintendent of this district, I certify by my signature that:

1. All students have been screened before the end of Grade 1 for school year 2018-2019;
2. The screener addressed speech, language, voice and fluency;
3. Parents were notified if their child failed the screener;
4. Documentation is on file.

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Number of students screened

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Superintendent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Superintendent Date

Return to:

Mississippi Department of Education

Office of Special Education

Attn: Teresa Laney

P. O. Box 771

Jackson, MS 39205