**MISSISSIPPI DEPARTMENT OF EDUCATION**

**OFFICE OF SPECIAL EDUCATION**

**SPEECH-LANGUAGE THERAPY PROGRAM/SCHOLARSHIP**

**CERTIFICATION FOR SCHOOL YEAR 2019-2020**

**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 2019-2020;
2. The screener was administered by a 215-licensed Speech-Language Pathologist who is not 100% funded by IDEA;
3. The screener addressed speech, language, voice and fluency;
4. Parents were notified if their child failed the screener;
5. Documentation is on file.

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Number of Students Screened

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

Printed Name of Superintendent

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Signature of Superintendent Date

Return to:

Mississippi Department of Education

Office of Special Education

Attn: Teresa Laney

P. O. Box 771

Jackson, MS 39205