

For Office Use Only
Date Certification Received: _____
Received by: _____

OFFICE OF SPECIAL EDUCATION
SPEECH-LANGUAGE THERAPY PROGRAM/SCHOLARSHIP
CERTIFICATION FOR SCHOOL YEAR 2023-2024

DISTRICT NAME: _____ **DISTRICT CODE:** _____

ASSURANCES

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

1. As required by MS Code Ann. §37-175-3 all students have been screened for speech and language before the end of Grade 1 for school year 2023-2024;
2. The screener was administered by a 215-licensed Speech-Language Pathologist;
3. The screener addressed speech, language, voice and fluency;
4. Parents were notified if their child failed the screener;
5. Documentation is on file.

Please indicate the number of students screened for the 2023-2024 school year.	K	1st

 Printed Name of Superintendent

 Signature of Superintendent

 Date

Return this form via email by June 28, 2024, to:
reeves@mdek12.org