

***For Office Use Only***

***Date Certification Received: \_\_\_\_\_\_\_***

***Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**OFFICE OF SPECIAL EDUCATION**

**SPEECH-LANGUAGE THERAPY PROGRAM/SCHOLARSHIP**

**CERTIFICATION FOR SCHOOL YEAR 2019-2020**

**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 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.

|  |  |  |
| --- | --- | --- |
| I was unable to screen students as planned during the 2019-2020 school year due to COVID-19 school closures. | YES | NO |
|  |  |
| Please indicate the number of students screened for the 2019-2020 school year. |  |

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

Printed Name of Superintendent

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Signature of Superintendent Date

**Return this form via email by June 30, 2020 to:**

Teresa Laney

tlaney@mdek12.org