



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
REVIEW OF REPORTS ORIGINATING OUTSIDE OF PASCO COUNTY SCHOOLS**

MIS Form #452
Rev. 5/13

Student # _____

STUDENT DATA

Name _____ DOB _____ School _____

REPORT DATA

Name of person who prepared report _____

School District or Agency _____

All reports, if used for ESE placement, must be signed or co-signed by a certificated or licensed school or clinical psychologist, social worker, or speech-language pathologist.

- Certified School Psychologist
- Certified School Social Worker
- Certified Speech-Language Pathologist
- Other School Personnel - specify title: _____
- Co-signed - by whom: _____
- Licensed School or Clinical Psychologist
- Licensed Clinical Social Worker
- Licensed Speech-Language Pathologist

RECENCY OF EVALUATION

Age of child when evaluated _____ Current age _____

Except in the case of gifted, evaluations older than three years may not be used for initial program placement.

DISPOSITION

_____ Report is acceptable based on qualifications of examiner, date of evaluation, quality of presentation and consistency with other known data. This report should be considered along with other information in determining the educational placement of this child.

_____ More information required.

Comments: _____

Signature _____ Date _____

- School Psychologist
- School Social Worker
- Speech-Language Pathologist

Attach the original copy of this form to the report being reviewed and send to the Office for Student Support Programs and Services. File a copy of this form with the report being reviewed in the student's cumulative folder.