

Objectives Approval

for Special-Needs Students

I have evaluated the educational objectives for _____ and have
Name of Student
determined that they meet his/her specific needs for the _____ school year.

I certify that I fulfill the requirements of the home-school law, 1327(d), being a

- teacher with a valid certificate from the Commonwealth of Pennsylvania to teach special education
- licensed clinical psychologist
- certified school psychologist

Name of Teacher/Psychologist

Signature

Date