



# Application for Interim Instructional Services Administrative Placement

Department of Career Readiness and Innovative Programs  
Interim Instructional Services (IIS)  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
CESC, Room 248, Rockville, Maryland 20850

MCPS Form 311-15A  
July 2019

**TO BE COMPLETED BY ASSOCIATE SUPERINTENDENT/DESIGNEE. PLEASE PRINT.**

Student Name (Last, First, MI) \_\_\_\_\_ MCPS ID# \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Last day of school attendance \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Telephone Number Home \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Parent/Guardian E-mail Address \_\_\_\_\_

Relationship  Mother  Father  Guardian  Other (specify) \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Telephone Number Home \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Parent/Guardian E-mail Address \_\_\_\_\_

Relationship  Mother  Father  Guardian  Other (specify) \_\_\_\_\_

Does this student have?  Individualized Education Program (IEP)  Section 504 Plan *(Please notify IIS office when IIS IEP is complete)*

Last day of suspension \_\_\_\_\_

Recommended teaching location \_\_\_\_\_

Reason for recommendation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student has been approved to receive services through Interim Instructional Services due to an administrative placement.

Recommended duration of service \_\_\_\_\_

Signature, Associate Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name, Associate Superintendent/Designee \_\_\_\_\_

Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_