

# MONTGOMERY COUNTY PUBLIC SCHOOLS

## Application for Interim Instructional Services, with Qualified Mental Health Condition ONLY

Interim Instructional Services  
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
CESC, Room 248, Rockville, Maryland

**Note:** This form is used by the Interim Instructional Services (IIS) Office to obtain a psychiatrist's, psychologist's, or certified mental health nurse practitioner's recommendation and parent/guardian permission to initiate instruction for students with a mental health condition. **Return completed application to student's school counselor or principal/designee.** For more information, see MCPS Regulation IOE-RB, *Interim Instructional Services*.

**A new completed application, with updated information from the practitioner regarding diagnosis and treatment is required for continuation of service beyond 60 calendar days.**

In order for this application to be considered, ALL components of this application must be completed and submitted:

- I. Parent portion including signature
- II. School portion
- III. Practitioner verification including specific steps the school can take to support the student returning to instruction
- IV. Return to school plan: The conversation regarding the return to school plan should happen with all stakeholders prior to the submission of the application. It is preferable that the plan be submitted with the application, but it must be submitted no later than 30 days after the application submission.

The school must send the form electronically, when completed, to [IISOffice@mcpsmd.org](mailto:IISOffice@mcpsmd.org).

Delivery of IIS will be virtual. Individual exceptions will require review and approval by the Supervisor of Interim Instructional Services.

### I. TO BE COMPLETED BY PARENT/GUARDIAN. PLEASE PRINT OR TYPE.

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

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

The student's home address on file with MCPS is accurate:  Yes  No (If no, you must update your address with the student's home school)

Is the student in a Residential Treatment Center (RTC), Partial Hospitalization Program (PHP), or Intensive Outpatient Program (IOP)?

Yes  No?

If Yes, Name of Program \_\_\_\_\_

Address \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_

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

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

Parent/Guardian Email Address \_\_\_\_\_

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

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

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

Parent/Guardian Email Address \_\_\_\_\_

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

I authorize Montgomery County Public Schools (MCPS) to consult with the physician/certified nurse practitioner treating my child to confirm the diagnosis and/or clarify the medical notations. I am aware MCPS has the right to withhold service until the need for Interim Instructional Services has been confirmed.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**II. TO BE COMPLETED BY COUNSELOR/PRINCIPAL/DESIGNEE. PLEASE PRINT OR TYPE.**

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

Student is enrolled in a discreet program (Name of Program) \_\_\_\_\_

Date application given to parent/guardian \_\_\_/\_\_\_/\_\_\_ Date application returned from parent/guardian \_\_\_/\_\_\_/\_\_\_

Date school submitted application to IIS Office \_\_\_/\_\_\_/\_\_\_

Counselor/Principal/Designee Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**COUNSELOR/PRINCIPAL/DESIGNEE SHOULD SCAN AND EMAIL THE COMPLETED APPLICATION TO [IISOFFICE@MCPSMD.ORG](mailto:IISOFFICE@MCPSMD.ORG)**

**III. TO BE COMPLETED BY PHYSICIAN OR CERTIFIED NURSE PRACTITIONER ONLY. PLEASE PRINT OR TYPE.**

**PSYCHIATRIST/PSYCHOLOGIST/CERTIFIED  
MENTAL HEALTH NURSE PRACTITIONER VERIFICATION**

**For Mental Health Conditions Only**

*To be completed by a*

***licensed psychiatrist, licensed psychologist, certified mental health nurse practitioner, or certified school psychologist***

**Dear Mental Health Professional:**

Before processing a request for Interim Instructional Services (more commonly known throughout the state as “Home and Hospital Teaching”), a verification made within **30 days** of this application of the student’s emotional condition from a licensed psychiatrist, psychologist, or certified mental health nurse practitioner is required. Student need for IIS must be reviewed every **60 calendar days** after the initial date of verification by the practitioner, or sooner at the request of the parent/guardian or MCPS.

Please provide the information requested below. You may attach this information to this signed document in lieu of responding on the form itself. Please note that missing information will result in a delay in processing the application.

1. Student Name \_\_\_\_\_
  2. Diagnosis (Include DSM-V code):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  3. Specify why the mental health condition prevents the student from attending their school of enrollment.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  4. Date of most recent appointment (**must be within 30 calendar days of the submission of this form to IIS Office**) \_\_\_\_/\_\_\_\_/\_\_\_\_  
How often is the student seen in your office: \_\_\_\_\_
  5. Is the student currently in therapy?  Yes  No  
Therapist’s name \_\_\_\_\_
  6. Is the student currently taking any medication?  Yes  No  
Medicine/Dosage \_\_\_\_\_  
\_\_\_\_\_  
How does medication impact school performance? \_\_\_\_\_  
\_\_\_\_\_
  7. Requested duration of services (**no more than 60 days**) \_\_\_\_\_
  8. Recommendations for school attendance:  
 Student is unable to attend school  
 Student is able to attend regular day program and student’s school of enrollment with modifications. Please list necessary modifications below.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Student is able to attend school part-time  Yes  No

9. Describe specific strategies that you, as the referring professional, will implement to assist the student's return to school (transition plan):

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10. Please list actionable steps the school can take, in your estimation, to support the student in returning to school by the end of the requested duration of services:

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**I certify that:**

- I am a licensed psychiatrist, psychologist, or certified mental health nurse practitioner and am currently treating this student; or
- I am a certified school psychologist and am working with the student and the student's family to identify community resources that can assist with the student's treatment.

**AND**

- This student IS NOT able to attend the regular day program at their school of enrollment because of their mental health condition.
- I understand that I am part of the support team for this student and I will communicate with the school to assist in ensuring the student's return to school as quickly as is reasonably possible.
- I understand that by signing this application, the parent/guardian/caregiver of the named student has given authorization for me to discuss and clarify any of the information I have provided with Montgomery County Public Schools.

Signature of Certifying Professional \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Psychiatrist, Psychologist/CMHNP Name \_\_\_\_\_

License Number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email address \_\_\_\_\_

#### **IV. RETURN TO SCHOOL PLAN**

The return to school plan should be created through a collaboration among the school (Suggested members of school team to include: School Counselor, School Psychologist, Pupil Personnel Worker, Administrator, Team Leader, other school staff as appropriate), student (when possible), parent, and practitioner to outline the steps each will take in facilitating the student's return to the school by the end of the requested duration of services. The school should document the success or challenge of each component of the plan. In the event that services need to be continued at the end of the requested duration of services on this application, schools will need to submit evidence of the implementation of the return to school plan, along with an updated plan taking into account any new information.

Please note that the return to school plan can be implemented as soon as is practical, and should not be delayed until the full requested duration of services has elapsed.

The return to school plan should consider the following:

1. What supports will the school put in place to ease the student's transition back into the school building? Some items to consider:
  - Identify the trusted adult who will meet the student upon their return and the steps school staff will take during the first day/week/month/etc. to support the student's transition back into the school building.
  - Identify a lunch/check-in buddy for the student
  - Schedule a time for the student to come to the school outside of school hours to acclimate to the building, view their schedule, etc.
  - Schedule regular check-ins with the counselor or other, trusted, school-based staff.
2. If a student has a 504 plan or an IEP, when will the team meet to determine whether modified or additional accommodations may be necessary (renewal applications should contain notes from this meeting)?
3. If the student does not currently have a 504 plan or an IEP, is an EMT meeting necessary to determine whether codified accommodations are necessary for this student upon their return?
4. What steps will parents take to ensure that the student is present at school for the transition back into the building?
5. What specific steps can the practitioner take to support student attendance at school, and how and when will the school communicate with the practitioner to gather this information?
6. How will the school scaffold the student's return to the building?

This is not an exhaustive list, and schools, students, parents, and practitioners should include anything that will be necessary to ensure a welcoming, safe environment for students returning to school. Below, you will find return to school plan exemplars to support you in creating a successful plan for this student:

[Elementary School](#)

[Middle School](#)

[High School](#)