

MONTGOMERY COUNTY PUBLIC SCHOOLS

**Authorization Form
Volunteer Meeting Coverage Program—School Psychologists**

Office of School Support and Well-Being
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

Covering Psychologist _____ Employee ID # _____ Date ____/____/____

Meeting	Coverage Information	Resource Psychologist Verification that Coverage was Provided (<i>Signature</i>)
1	Absent Psychologist _____ Time of Meeting _____ School where meeting was held _____	
2	Absent Psychologist _____ Time of Meeting _____ School where meeting was held _____	
3	Absent Psychologist _____ Time of Meeting _____ School where meeting was held _____	
4	Absent Psychologist _____ Time of Meeting _____ School where meeting was held _____	
5	Absent Psychologist _____ Time of Meeting _____ School where meeting was held _____	
6	Absent Psychologist _____ Time of Meeting _____ School where meeting was held _____	
7	Absent Psychologist _____ Time of Meeting _____ School where meeting was held _____	
8	Absent Psychologist _____ Time of Meeting _____ School where meeting was held _____	

Person Preparing Form _____

Approved Signature, Director _____