

# Request for Private Therapeutic Services in School

Division of Specialized Support Services  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

## INSTRUCTIONS

The parent/guardian is to complete the entire form and submit to the principal/designee of the student's school of attendance. **A new request must be submitted each school year per provider.**

This request form is used by the school principal/designee to determine whether or not to approve requests from parents/guardians for a private (non-partner) practitioner to work with a student at school during the school day. Each private (non-partner) practitioner must be approved to work with a student<sup>1</sup>. MCPS reserves the authority to limit the approvals for private practitioners on MCPS property in accordance with MCPS Regulation ABA-RB, *School Visitors* and Regulation IJA-RC, *Non-MCPS Providers of Supporting Services to Students*. All absences due to telehealth appointments shall follow MCPS Regulation JEA-RA, *Student Attendance*, but may not conflict with a student's IEP services.

<sup>1</sup>This form does not apply to the following:

- A partner provider means a community social-emotional and mental health provider with whom MCPS has a written contract or Memorandum of Understanding (MOU), developed by the Division of Legal Services at the request of the Division of Specialized Support Services, for the purpose of specifying partnership roles and responsibilities, referral processes, safety planning, decision-making rules, and confidentiality and data-sharing protocols.
- Private therapists or providers who are conducting observations or evaluations for special education eligibility or under an approved Independent Education Evaluation (IEE).
- Outside service providers authorized by court order and/or by the Montgomery County Department of Health and Human Services, Child Protective Services.

## I. TO BE COMPLETED BY PARENT/GUARDIAN/ELIGIBLE STUDENT

Student Name: \_\_\_\_\_ MCPS Student ID: \_\_\_\_\_

MCPS School: \_\_\_\_\_ Grade \_\_\_\_\_

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

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

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

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

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

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

Please provide all of the following documentation with your request. **Failure to provide all of the requested documentation may result in the denial of your request.**

- Documentation/proof that the private (non-partner) practitioner is duly-licensed or certified to provide the services that are requested to be implemented. (copy of license or letter signed by private (non-partner) practitioner regarding current licensure or certification).
- Documentation that the private (non-partner) practitioner has completed a criminal background check including fingerprinting. (copy of a letter from local, state, or federal law enforcement agency, which indicates that the private (non-partner) practitioner has no criminal background or child/abuse neglect findings or a letter from a duly-licensed company that has similar practices/procedures utilized by law enforcement agencies, which indicates that the private (non-partner) practitioner has no criminal background and no child/abuse neglect findings).
- Documentation that the private (non-partner) practitioner has completed the MCPS online volunteer training module for Recognizing and Reporting Child Abuse and Neglect, available at this link: [www.montgomeryschoolsmd.org/childabuseandneglect/](http://www.montgomeryschoolsmd.org/childabuseandneglect/) (Copy of documentation reflecting successful completion of this online course).

**Please note in the event that your request is approved, it is your (not the school's) responsibility to review the sufficiency of such documentation and ensure that it is provided in a timely fashion prior to any scheduled approved visit.**

**Distribution List:** 1) Parent/guardian/eligible student; 2) Student's Confidential Folder (if one does not exist, the student's school will need to create one for the student); 3) director, Psychological Services or designee.

Please specify the nature of private, therapeutic  in person and/or  telehealth services; you are requesting to be provided in school, the specific name and contact information of the Private (non-partner) practitioner, the length of time requested for the services to be provided, and the reason the services must be provided in school during the school day:

Therapeutic services requested to be provided in school \_\_\_\_\_

Private (non-partner) practitioner name \_\_\_\_\_

Private (non-partner) practitioner address \_\_\_\_\_

Private (non-partner) contact information \_\_\_\_\_

Time limited Service-Limited to no more than four (4) appointments per year with a duration of 30 minutes or less. \_\_\_\_\_

## II. PARENT/GUARDIAN/ELIGIBLE STUDENT AUTHORIZATION

By making this request, I expressly attest to the following, in the event that these in person Telehealth services for the student are approved:

- (a) the Private (non-partner) practitioner is authorized to work with my child during the school day;
- (b) MCPS has no responsibility or liability regarding the provision of these services; and
- (c) MCPS has no responsibility to make up for the instruction, classwork, or special education services that the student may miss during the time when such services are provided by the private provider.
- (d) Appointments will not be extended or rescheduled for late arrivals or missed appointments. MCPS is not responsible for fees associated with missed appointments or interruptions to wifi service during an appointment.
- (e) Teachers shall not be responsible for reminding a student of their appointment.
- (f) Schools are not obligated to construct or arrange appointment space when none is available.
- (g) The signed telehealth agreement will be given to the school telehealth scheduler prior to the appointment.

I understand that in the event that this request is approved, the approval may be rescinded at any time if I or the Private (non-partner) practitioner do not adhere to all required Board of Education policies and MCPS regulations or rules. I understand that approval of a Private (non-partner) practitioner for one student/school does not necessitate approval for any other.

If approved, I agree that I will share a copy of this form and any other documentation required by MCPS with my child's private (non-partner) practitioner.

Further, I understand that a parent/guardian must be present to supervise the student before and after the appointment. If the parent/guardian is unable to attend the scheduled session as required, the telehealth appointment may not proceed. I am aware that as the parent/guardian, I am responsible for cancelling the appointment with the health care provider.

The parent/guardian/eligible student may want to complete [MCPS Form 336-32, Authorization for Release/Exchange of Confidential Information](#) to allow MCPS staff to communicate with the private, non-partner practitioner in the case of a crisis during or after the appointment.

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