

Request for Private Therapeutic Services in School



Office of Special Education
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 273-2
October 2018
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INSTRUCTIONS: The parent/guardian is to complete the entire form and submit to the principal/designee of the student's home school. **A new request must be submitted each school year.**

This request form is used by the school principal/designee to determine whether or not to approve requests from parents/guardians for a private therapist to work with a student at school during the school day. Each provider must be approved to work with a student; and there are no therapists or agencies that have been pre-approved to provide such private therapy services to multiple students¹. It is the sole discretion of the principal/designee to approve or deny any request for school visitors in accordance with [MCPS Regulation ABA-RB, School Visitors](#). Parent/guardian requests for private therapists to provide Applied Behavior Analysis (ABA) therapy and other related services (such as speech, occupational therapy, physical therapy, etc.) at school that would typically be provided pursuant to an Individualized Education Program (IEP) or *Section 504 of the Rehabilitation Act of 1973* (Section 504) Plan—as opposed to crisis-related counseling from a psychologist, psychiatrist, or social worker—generally will be denied.

¹This form does not apply to the following:

- Therapists and other service providers who are providing in-school services in accordance with an agreement with MCPS, such as those service providers providing supports in accordance with a student's IEP.
- 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

Student Name: _____ MCPS Student ID: _____

MCPS School: _____ Grade _____

Parent/Guardian Name (*please print*) _____ E-mail _____

Parent/Guardian Telephone Number Home ____-____-____ Work ____-____-____ ext. ____ Cell ____-____-____

Relationship Mother Father Guardian Other (*specify*) _____

Parent/Guardian Name (*please print*) _____ E-mail _____

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 therapist provider (Provider) is duly-licensed or certified to provide the services that are requested to be implemented. (copy of license or letter signed by provider regarding current licensure or certification).
- Documentation that the private provider has completed a criminal background check including fingerprinting. (copy of a letter from local, state, or federal law enforcement agency, which indicates that the provider 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 provider has no criminal background or child/abuse neglect findings).
- Documentation that the private provider has completed the MCPS online volunteer training module for Recognizing and Reporting Child Abuse and Neglect, available at this link: 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).

Please specify the nature of private therapeutic services you are requesting to be provided in school, the specific name and contact information of the private provider, 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:

Private Therapeutic Services requested to be provided in school _____

Private Therapist Provider Name _____

Private Therapist Provider Address _____

Private Therapist Provider Contact Information _____

Length of Time Therapeutic Services are to be provided _____

Reason Therapeutic Services must be provided in school during school day:

Does this student have an: Individualized Education Program (IEP) Section 504 Plan None

By making this request, you understand that a meeting may need to be held to determine the impact on the current IEP or Section 504 services/accommodations for your student. If your student does not have an existing plan, then the student may be eligible to receive services or accommodations. A screening meeting to determine special education eligibility or a Section 504 meeting to determine Section 504 eligibility may be scheduled by the school, whichever is applicable.

II. PARENT/GUARDIAN/ELIGIBLE STUDENT AUTHORIZATION

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

- (a) the private provider 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.

I understand that in the event that this request is approved, the approval may be rescinded at any time if I or the private provider do not adhere to all required Board of Education policies and MCPS regulations or rules. I understand that approval of a provider 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 provider.

Further, I authorize MCPS and/or their agents (school nurses or school health technicians) to consult with the private provider treating my child to confirm the nature of the request for services to be provided in school during the school day, the diagnosis and/or to clarify any medical documentation submitted. I am aware that my request may be denied if requested information is withheld.

Signature of Parent/Guardian/Eligible Student _____ Date ____/____/____