



# Request for Non-crisis OSFSE Services

Office of Student and Family Support and Engagement  
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
Rockville, Maryland 20850

MCPS Form 551-1  
August 2018

**PART I: To be completed and submitted to the Office of Student and Family Support and Engagement (OSFSE), Carver Educational Services Center (CESC), Room 50. Please submit two weeks in advance for best scheduling.**

Name \_\_\_\_\_ Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

School/Office \_\_\_\_\_ Telephone Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Type of request:  Meeting  Committee/Workgroup  Event

Describe Request (date and time, type of support or participation, number of staff members, one time or ongoing basis):

Person Requesting Service Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Administrator for Requesting Office Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART II: To be completed by the Office of Student and Family Support and Engagement**

Request No. \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Request Reviewed:  In Person  Telephone  E-mail  Letter

By \_\_\_\_\_

Assigned to:  Health and Wellness  Psychological Services  
 International Admissions and Enrollment  Restorative Justice  
 Pupil Personnel and Attendance Services  School and Family Services  
 School Counseling Services  Other \_\_\_\_\_  
 Student Leadership

Comments:

Recommendation:

Program Leadership's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Associate Superintendent's Use Only**

Approved  No Approved

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_