
Part I: Completed By Parent/Guardian

Student's Full Name: _____

Student ID: _____

Grade: _____

Current School: _____

Parent/Guardian's Full Name: _____

Phone Number: _____

Email Address: _____

Provider's Name: _____

Name of Practice: _____

Authorization for Release of Information: I grant permission for the Howard County Public School System personnel to communicate with the provider named above. This release pertains only to records related to the reasons for my child's reassignment request and allows for the school system to release information and receive information from the named provider.

Parent/Guardian's Signature: _____**Date:** _____

I understand that by typing my name, I am electronically signing this document.

Part II: Completed By A Licensed Medical or Mental Health Professional
Contact Information and Credentials

Provider's Name: _____

Name of Practice: _____

Phone Number: _____

Email Address: _____

Address: _____

Website: _____

Provider's Credentials: _____

Treatment Information**Status**

____ I am currently treating this student.

Treatment Start Date: _____

____ I am no longer treating this student.

Treatment End Date: _____

Frequency of Care

____ Weekly

____ Bi-weekly

____ Monthly

____ As needed

Note to Provider: HCPSS Policy 9000 requires documented evidence of a unique hardship. Please be specific regarding the educational impact.

Diagnosis Include DSM-V TR or ICD-10 Diagnosis and Code.

Treatment Plan Describe the clinical interventions currently being utilized to support this student.

School-Based Collaboration What efforts were made to include current school staff (e.g., School Counselor, Administrator, Nurse) in the treatment plan? What were the results of the collaboration?

Educational Necessity Explain why this student's needs cannot be met at their current school and how a reassignment specifically mitigates the documented hardship.

Additional Comments

Provider's Signature:

Date:

I understand that by typing my name, I am electronically signing this document.

Send completed form as a PDF to residency@hcpss.org

Information about the hardship category of student reassignment can be found on the [HCPSS website](#).

HCPSS Office of Pupil Personnel Services
Phone: 410-313-6997 | **Email:** residency@hcpss.org