

Authorization for School Psychologists Section 504 Attentional Disorders Assessment



Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20852

MCPS Form 270-2A
November 2016

PART I. STUDENT INFORMATION

Student Name _____ Student ID# _____ Date of Birth ____/____/____ Grade ____
School _____
Parent/Guardian Name _____ Daytime Telephone ____-____-____

PART II. AUTHORIZATION

In order for Montgomery County Public Schools (MCPS) to evaluate the student's eligibility under *Section 504 of the Rehabilitation Act of 1973*, I give permission to the school psychologist to conduct assessment activities. I give permission to the school community health nurse or school health room technician to contact any medical personnel and to share such information with the school psychologist (when necessary). I understand that in carrying out assessment activities the school psychologist will review the student's records; will observe the student; may interview the student, the student's teacher, or myself; and/or may conduct additional functional or normative assessment activities, as necessary. I understand further that the results of the assessments will be included in a confidential student file that MCPS staff members may access on a need-to-know basis and that I may authorize release of the information to another agency or professional.

Signature, Parent/Guardian (or Eligible Student) _____ Date ____/____/____
Authorization obtained by: MCPS School Psychologist _____ Date ____/____/____

PART III. PSYCHOLOGICAL ASSESSMENT

Assessment Activities:

Observation _____ Date of observation ____/____/____
Record review _____ Date of review ____/____/____
Assessment activity _____ Date of report ____/____/____
Assessment activity _____ Date of report ____/____/____
Assessment activity _____ Date of report ____/____/____

MCPS School Psychologist Comments: (Check box if additional comments are attached.)

PART IV. STATEMENT OF SCHOOL PSYCHOLOGIST

Based on my comparison of the results of the assessment activities summarized in Part III with the diagnostic features for attention-deficit/hyperactivity disorder found in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)*, I conclude that:

- The student **does not have** an attention-deficit/hyperactivity disorder. The Educational Management Team (EMT) should recommend general education interventions.
- The student **has** an attention-deficit/hyperactivity disorder. The EMT must determine Section 504 eligibility by deciding whether the impairment substantially limits a major life activity.
- The student may have a disability covered by the *Individuals with Disabilities Education Act*. The EMT should refer the student for screening to an Individualized Education Program team.

Signature, MCPS School Psychologist _____ Date ____/____/____