



# Application for Interim Instructional Services Administrative Placement

Department of Career Readiness and Innovative Programs  
Interim Instructional Services

MONTGOMERY COUNTY PUBLIC SCHOOLS  
CESC, Room 251, Rockville, Maryland 20850

MCPS Form 311-15A  
August 2016

**TO BE COMPLETED BY ASSOCIATE SUPERINTENDENT/DESIGNEE. PLEASE PRINT.**

Student Name \_\_\_\_\_ MCPS ID# \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Last day of school attendance \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Edline Username \_\_\_\_\_ Edline Password \_\_\_\_\_

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

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

Parent/Guardian E-mail Address \_\_\_\_\_

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

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

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

Parent/Guardian E-mail Address \_\_\_\_\_

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

Check Box  504 Plan  IEP

Last day of suspension \_\_\_\_\_

Recommended Teaching Location \_\_\_\_\_

Reason for recommendation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student has been approved to receive services through interim instructional services due to an administrative placement.

Recommended duration of service \_\_\_\_\_

Signature, Associate Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone \_\_\_\_-\_\_\_\_-\_\_\_\_