

# 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.)

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## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_