The Code of Maryland bylaws require Prince George’s County Public Schools to provide “instructional services to public school students who are unable to participate in their school of enrollment due to a physical or emotional condition.” The emotional condition must be verified by a licensed psychologist or licensed psychiatrist. If the request for service is approved, the condition must be re-verified every (60) sixty calendar days or sooner if services are to continue.

Prince George’s County Public Schools System requests the licensed psychiatrist or licensed psychologist who is completing the referral to:

- state the diagnosis;
- provide a treatment plan including medication and therapy schedule (i.e., frequency of visits);
- state if the student presents a danger to the health and safety of others;
- clearly state reason and length of time student is unable to attend school; and
- indicate the transition plan for re-entry into the classroom setting.

Prince George’s County Public Schools’ medical or mental health professionals may need to consult with you for clarification of the referral.

If you have any inquiries, please contact the Office of Home and Hospital Teaching at 301-567-8642.

Thank you for your assistance.
Certification of Need and Treatment Plan for Students with Emotional Conditions

Part I: To Be Completed By School Personnel

Name of Student: _____________________________________________  Home Telephone: ____________________________
School: _____________________________________________________  Student #: ____________________________
Date DSS-22A Given to Parent: _______  Date DSS-22A Returned to Counselor: _________  School Person Receiving Form  ________

Part II: To Be Completed By Mental Health Professional

Dear Mental Health Professional:

Before processing a request for Home and Hospital Teaching services, a verification of the emotional condition from a licensed psychologist or psychiatrist is required. Service need is subject to review sixty (60) calendar days after the initial determination of eligibility or sooner at the request of the caretaker or local school system. Please complete the following:

Diagnosis (Include DSM-IV code): ________________________________________________________________

1. Date of most recent appointment: _________________  How often is student seen in your office? _________________
   Purpose of visits: __________________________________________________________

2. Is the student currently in therapy? [ ] Yes  [ ] No  Therapist’s Name: ____________________________
   Phone: ____________________________  Frequency of visits: ____________________________  Date of last visit: _________________

3. Is the student currently taking medication? [ ] Yes  [ ] No
   Medicine/Dosage ____________________________
   How does the medication impact school performance? ____________________________
   Explain any precautions to be taken when teaching this student: ____________________________

4. Specify why the emotional condition prevents the student from attending his/her school of enrollment:
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________

5. Describe specific strategies that you, as the referring professional, are going to implement to assist this student’s return to school:
   _____________________________________________________________________
   _____________________________________________________________________

6. What is the anticipated date of return to school? _________________

Professional’s Name and Title (Print): ____________________________  License Number: ____________________________
Address: ____________________________  Phone: ____________________________
(Referring Professional’s Signature): ____________________________  Date: _________________

PGCPS Office Use Only

School Psychologist’s Signature: ____________________________  Date: _________________
Recommendation by PGCPS School Psychologist/School Team: ____________________________
__________________________________________________________________________
__________________________________________________________________________

PGIN  DSS-22A (Rev. 05/11)