

**PROPOSAL FOR IN-SCHOOL COMMUNITY PARTNERSHIP FOR MENTAL OR PHYSICAL HEALTH SERVICES**

Provider is to complete and submit to the school principal a hard copy of the proposal with a copy of License(s) and CJIS Report (s)

Initial

Renewal

Date: \_\_\_\_\_

School: \_\_\_\_\_ Principal: \_\_\_\_\_

Community Provider Agency Name: \_\_\_\_\_

Agency Address and Phone Number: \_\_\_\_\_

Agency Point of Contact (Name and Phone Number): \_\_\_\_\_

Proposed Service to Provide on School Site:

Physical Health Service – List

Substance Abuse Service

Individual Counseling     Group Counseling     Education

Other Counseling Services

Individual Counseling     Group Counseling

Family Counseling     Referrals

Other Services (describe):

Target Group-who is eligible to receive services? \_\_\_\_\_

List names of service providers for this site. Attach licenses and CJIS report for each to person to provide service in the school, include supervisor's name.

Estimated Number of Students to be Served:

**Logistics needed:**

Office space     Telephone     Days Needed # of days     Other

Agency agrees to seek parent/guardian release for two-way exchange of educationally relevant information with appropriate school personnel.

Proposed service does not duplicate existing services or replace services on an IEP.

Proposed service will not adversely impact the school instruction program

**Logistics:**

Room to assigned:

Days in school:

List of supplies to be provided (e.g., telephone, etc.)

Signatures:

Recommended:  Yes  No

Principal Signature: \_\_\_\_\_

Submit signed form and copy of license(s) and CJIS report to the Director,  
Department of Student Support Services, fax (410) 391-9122.

**DEPARTMENT OF STUDENT SUPPORT SERVICES REVIEW**

Approved  Yes  No

Director of Student Support Services : \_\_\_\_\_