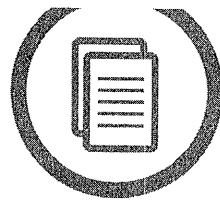


Student Name: _____ Student ID #: _____

Date of Intake: _____



Avery Road

Site:
 Cloverleaf

Plum Orchard

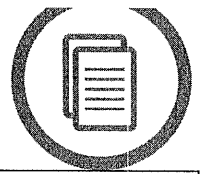
Intake Discussion Points – ENGLISH PACKET

Task to Complete	Who?	Details
<p>1. Update information in ParentVUE in Synergy.</p> <p>Note:</p> <ul style="list-style-type: none"> ✚ Chromebook needed ✚ Guide located in Intake Folder ✚ Ensure that the parent/guardian reviews each screen for accuracy 	<p>All</p>	<p>Does the parent/guardian have access to their ParentVUE account? Or does the parent need to activate their account?</p> <p>Complete the Annual Verification Information under Online Registration Tab.</p> <p>The parent/guardian should review/ modify the Annual Verification-Student Information which include tabs for the Introduction, Family, Parent/Guardian, Emergency, Students, Demographics.</p> <p>If documentation is required, the parent can either upload digital copies or check the box to indicate that hard copies will be provided to the school.</p>
<p>2. Review Authorization to Administer Prescribed Medication</p> <p>Note:</p> <ul style="list-style-type: none"> ✚ Form located in Intake Folder 	<p>As Needed</p>	<p>For students that are required to take medication during school hours.</p>
<p>3. Review Household Application for Free and Reduced- Price Meals</p> <p>Note:</p> <ul style="list-style-type: none"> ✚ Chromebook needed 	<p>All</p>	<p>All students enrolled at the Blair G. Ewing Center will receive free breakfast and free lunch. All parents/guardians are required to apply even if they think they will be denied.</p> <p>Complete lunch form online at www.MySchoolApps.com</p>
<p>Begin Intake Packet</p>		
<p>4. Review Consent for Individual & Group Counseling</p>	<p>All</p>	<p>All Blair G. Ewing parent/guardians must sign the consent forms for our students to participate in individual counseling with the Case Manager and group counseling.</p>
<p>5. Review Consent for Clinical Solutions' (CS) Groups</p>	<p>All</p>	<p>All Blair G. Ewing parent/guardians must sign the consent form for our students to participate in any of the Clinical Solutions' groups.</p> <p>We ask for all parent/guardians to sign the consent during intake; however, not all students will participate. CS Groups are referral based. Parent/guardians will be notified if school teams refer their child to a CS Group.</p>



This symbol indicates the form is to be detached from the intake packet.

Student Name: _____ Student ID #: _____



Date of Intake: _____

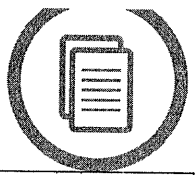
<p>6. Review Authorization for Release/Exchange of Confidential Information</p> <p>Note:</p> <p>✦ Form located in Intake Folder</p>	<p>As Needed</p>	<p>A release of information form should be signed if the student is currently involved with DJS, SASCA, the Montgomery County Crisis Center, and/or any other service provider (such as mental health/counseling).</p> <p>Form is required if service provider (DJS and/or therapist) have plans to meet with the student during school hours.</p> <p>If the family does not have a history with the above-mentioned agencies, then the family does not need to sign a release of information.</p>
<p>7. Complete Live School Setup</p> <p>a. Points</p> <p>b. Incentives</p> <p>c. Activation</p>	<p>All</p>	<p>All Blair G. Ewing parent/guardians must sign the consent form for our students to be enrolled in Live School and qualify for incentives.</p> <p><i>Students are automatically added to LiveSchool once enrolled at BGEC. <u>These below steps cannot be completed until they have been enrolled by the counselor.</u></i></p> <p>First, find the student.</p> <p><i>Setup → Student</i></p> <p>Next, print out parent and student activation codes.</p> <p><i>Manage Access → Download Access Sheets</i></p> <p>Finally, follow the instructions on the Access Sheet to:</p> <p>Register the parent and student on their respective websites. <i>(Please note it is a different website for the parent and student). Give parents the Access Sheet.</i></p> <p>Assist the parent and students to download and sign into the LiveSchool app on their device <i>(Please note it is a different app for the parent and student)</i></p>
<p>8. Review Expectations and Standards for Student Success</p>	<p>All</p>	<p>Review the list. Have parents and student sign.</p>
<p>9. Review Behavioral Expectations</p>	<p>All</p>	<p>Do not read list verbatim.</p> <p><i>Suggestion: Highlight any behaviors/violations that resulted in the student being placed at BGEC.</i></p>
<p>10. Review Authorization to Conduct Self Searches</p>	<p>As Needed</p>	<p>Review the form with the family and obtain signatures if applicable. Students that are placed at BGEC for possessing illegal substances or weapons must complete this form.</p>








This symbol indicates the form is to be detached from the intake packet.

Student Name: _____ Student ID #: _____

Date of Intake: _____



		<i>Note: Students can be added to the self-search list if found to be in possession of illegal substances or weapons while enrolled at BGEC.</i>
11. Review Authorization to Conduct Self Searches Upon Re-Entry	All	All students and parent/guardians must sign this form. Students will be searched if they exit and re-entry the school building at any point, even if they are not on the self-search list (item #10 above).
12. DHHS Forms	All	Obtain parent/guardian signatures for the Informed Consent for COVID-19 Testing and Notice of Privacy Practices Summary and Signature Page forms. This will allow the school nurse to test students for COVID-19 if they appear symptomatic at school.
13. Review Areas of Support for BGEC Staff 	All	Outlines areas of supports and contact information for BGEC support staff.
14. Attendance Policy 	All	Review attendance expectations with the family.
15. Review Student Status Meetings 	All	Explain the purpose of the meeting. <u>Schedule the first Student Status Meeting with the family.</u> <i>Note: Provide the family the parent/guardian with a copy of the form with the date of initial Student Status Meeting.</i>
16. Community-Based Resource Guide 	All	A list of local community-based resources that are available to students and families in Montgomery County, Maryland.
17. BGEC Bell Schedule 	All	This includes BGEC's schedule for a regular school day, 2-hour delay, and early release days.

Case Manager's Signature

Date



This symbol indicates the form is to be detached from the intake packet.



MONTGOMERY COUNTY PUBLIC SCHOOLS

Consent for Individual Counseling

Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

Student Name _____ Date of Birth ____/____/____ MCPS ID# _____

Name of School -- Choose One -- _____ Grade level _____

Parent/Guardian Name _____ Contact Phone No. _____-_____-_____

Purpose _____ Duration of Services _____ Length of Each Session _____

The school counselor, psychologist, or social worker can provide regularly-scheduled or an ongoing series of individual counseling sessions to students with permission from the parent(s) or guardian(s). These counseling sessions are designed to teach skills to help students be more successful in their academic and social environment. Many students may improve their school performance, attendance, and attitude towards school by taking part in individual counseling sessions. Self-help issues developed in these counseling sessions often include coping strategies, stress management, problem solving, and social skills. These sessions are not intended to replace non-school based counseling that you may arrange for the student. Please note that this consent is not necessary for every visit or drop in that a student makes to a school counselor, psychologist, or social worker; consent is only required for regularly-scheduled or an ongoing series of individual counseling sessions. This does not include visits exclusively regarding course scheduling or college and career planning.

Information disclosed by the student during counseling sessions is typically not revealed to anyone else, except under certain circumstances (for example, evidence that a student is a threat to themselves, others or property). Sharing of information will be limited to those MCPS administrators or other MCPS staff as necessary for student well-being and to support student success. In addition, information must be shared if legally required to do so. Otherwise, all material discussed will be confidential.

Counseling sessions may be conducted in-person or virtually. There are potential benefits and risks of virtual counseling (e.g. limits to patient confidentiality) that differ from in-person sessions. Confidentiality still applies for virtual counseling services, and neither party will record the session without the permission from the others person(s). If it is agreed upon to use the virtual platform the MCPS Counseling provider will explain how to use it. The student will need to use a webcam or smartphone during a virtual session. It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session. It is recommended to use a secure internet connection rather than public/free Wi-Fi. The MCPS Counseling provider will develop a back-up plan (e.g., phone number where the student can be reached) to restart the session or to reschedule it, in the event of technical problems. The MCPS Counseling provider will need a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation. The MCPS Counseling provider may determine that due to certain circumstances, counseling is no longer appropriate and that we should resume our sessions in-person.

This consent for counseling is valid for one school year. Student participation in counseling is strictly voluntary and consent may be withdrawn by the student's parent(s)/guardian(s) at any time (or by an eligible student). Parents are encouraged to contact the school counselor, psychologist, or social worker to keep informed about the student's progress.

Thank you for your support in helping your child succeed at school.

I **do** give permission for _____ to receive individual counseling services.
(Name of Student)

I **do not** give permission for _____ to receive individual counseling services.
(Name of Student)

Parent/Guardian/Eligible Student Name (Print) _____

Parent/Guardian/Eligible Student (Signature) _____ Date ____/____/____

MCPS Counseling Provider Name (Print) _____

MCPS Counseling Provider (Signature) _____ Date ____/____/____

MCPS Counseling Provider phone number _____-_____-_____ and email _____

If you have any questions, please call the Office of Student and Family Support and Engagement (OSFSE), at 240-740-5630. Thank you for your support in helping your child succeed at school.

MONTGOMERY COUNTY PUBLIC SCHOOLS**Consentimiento para Consejería Individual**Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

Nombre del estudiante _____ Fecha de nacimiento ____/____/____ No. de ID de MCPS _____

Nombre de la escuela -- Choose One -- _____ Grado _____

Nombre del padre/madre/guardián _____ Teléfono de contacto _____ - _____ - _____

Finalidad _____ Duración de los servicios _____ Duración de cada sesión _____

El consejero escolar, psicólogo o asistente social puede proveer a los estudiantes sesiones de consejería regularmente programadas o una serie de sesiones individuales, con el permiso del padre/madre o guardián/guardianes. Estas sesiones de consejería están diseñadas para enseñar habilidades que ayudan a los estudiantes a ser más exitosos en su entorno académico y social. Muchos estudiantes pueden mejorar su rendimiento escolar, su asistencia a clase y su actitud con respecto a la escuela, si participan en sesiones de consejería individual. Los temas de auto-ayuda que se desarrollan en estas sesiones de consejería a menudo incluyen estrategias de adaptación, control de estrés, resolución de problemas y aptitudes sociales. Estas sesiones no pretenden sustituir consejería fuera de la escuela que usted haya organizado para el estudiante. Por favor tenga en cuenta que este consentimiento no es necesario para todas las visitas o para visitas sin cita previa que un estudiante haga a un consejero escolar, psicólogo o asistente social; sólo se requiere consentimiento para sesiones de consejería regularmente programadas o una serie continua de sesiones de consejería individual. Esto no incluye visitas exclusivamente relacionadas con programar cursos o planificación universitaria y profesional.

La información revelada por el estudiante durante las sesiones de consejería típicamente no es revelada a nadie más, excepto en ciertas circunstancias (por ejemplo, si existe evidencia de que un estudiante representa una amenaza para sí mismo, para otros o para una propiedad). El compartir información estará limitado a aquellos administradores de MCPS u otros miembros del personal de MCPS según sea necesario para el bienestar del estudiante y para apoyar el éxito del estudiante. Además, se debe compartir información si legalmente se requiere hacerlo. De lo contrario, todos los materiales que se discutan serán confidenciales.

Las sesiones de consejería pueden ser realizadas en persona o de manera virtual. Existen posibles beneficios y riesgos a la consejería virtual (por ejemplo, límites a la confidencialidad del paciente) que difieren de las sesiones en persona. La confidencialidad igual se aplica a los servicios de consejería virtual, y ninguna de las partes grabará la sesión sin el permiso de la otra persona o personas. Si se acuerda usar la plataforma virtual, el proveedor de consejería de MCPS explicará cómo usarla. El estudiante necesitará usar una cámara web o teléfono inteligente durante una sesión virtual. Durante la sesión, es importante estar situado en un lugar silencioso y privado y sin distracciones (incluidos teléfonos celulares u otros dispositivos). Se recomienda el uso de una conexión de Internet segura y no Wi-Fi público/gratuito. El proveedor de consejería de MCPS desarrollará un plan alternativo (por ejemplo, un número de teléfono donde se pueda localizar al estudiante) para recomenzar la sesión o para reprogramarla, en caso de problemas técnicos. El proveedor de consejería de MCPS necesitará tener un plan de seguridad que incluya por lo menos un contacto de emergencia y la sala de emergencia más cercana a su localidad, en caso de una situación de crisis. El proveedor de consejería de MCPS podría determinar que debido a ciertas circunstancias la consejería ya no sea lo más apropiado y que deberíamos reanudar nuestras sesiones en persona.

Este consentimiento para consejería es válido durante un ciclo escolar. La participación del estudiante en consejería es estrictamente voluntaria y el padre/madre o guardián/guardianes del estudiante (o el estudiante elegible) puede/n retirar el consentimiento en cualquier momento. Se recomienda a los padres contactarse con el consejero escolar, psicólogo o asistente social para mantenerse informados sobre el progreso del estudiante.

Gracias por su apoyo para que su hijo tenga éxito en la escuela.

Yo **otorgo** mi permiso para que _____ reciba servicios de consejería individual
(Nombre del estudiante)

Yo **no otorgo** mi permiso para que _____ reciba servicios de consejería individual.
(Nombre del estudiante)

Nombre del padre/madre/guardián/estudiante elegible (en letra de imprenta/molde) _____

Firma del padre/madre/guardián o estudiante elegible _____ Fecha ____/____/____

Nombre del proveedor de consejería de MCPS (en letra de imprenta/molde) _____

Proveedor de consejería de MCPS (firma) _____ Fecha ____/____/____

Teléfono _____ - _____ - _____ y correo electrónico _____ del proveedor de consejería de MCPS

Si usted tiene cualquier pregunta, por favor llame a la Oficina de Apoyo y Participación Estudiantil y Familiar (Office of Family Support and Engagement–OSFSE), teléfono 240-740-5630. Gracias por su apoyo para que su hijo tenga éxito en la escuela.

MONTGOMERY COUNTY PUBLIC SCHOOLS

Consent for Group Counseling

Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

Note: This form is not needed if this specific group counseling has already been consented to through an IEP or 504 plan or another consent form approved by OSFSE.

Student Name _____ Date of Birth ____/____/____ MCPS ID# _____

Name of School -- Choose One -- _____ Grade level _____

Parent/Guardian Name _____ Contact Phone No. ____-____-____

Group Name _____

Duration of Group _____ Length of each session _____

The school counselor, psychologist, or social worker can provide group counseling to students with permission from the parent(s) or guardian(s). These counseling sessions are designed to teach skills to help students be more successful in their academic and social environment. Many students may improve their school performance, attendance, and attitude towards school by taking part in group counseling sessions. Self-help issues developed in these counseling groups often include coping strategies, stress management, problem solving, and social skills. These sessions are not intended to replace non-school based counseling that you may arrange for the student.

Students will be strongly advised to keep the information shared by others during the sessions confidential. Information disclosed by the students during group sessions is typically not revealed to anyone else by the group leader, except under certain circumstances (for example, evidence that a student is a threat to themselves, others or property). The leader will limit the sharing of information to those MCPS administrators or other MCPS staff as necessary for student well-being and to support student success. In addition, information must be shared if legally required to do so. Otherwise, all material discussed will be confidential.

Please sign and have your child return this consent form. This consent for group counseling is valid for one school year. Student participation in counseling is strictly voluntary and consent may be withdrawn by the student's parent(s)/guardian(s) at any time (or by an eligible student). Parents are encouraged to contact the school counselor, psychologist, or social worker to keep informed about the student's progress.

Thank you for your support in helping your child succeed at school.

I do give permission for _____ to receive **Group** counseling services.
(Name of Student)

I do not give permission for _____ to receive **Group** counseling services.
(Name of Student)

Student (Signature) _____ Date ____/____/____

Student Name (Print) _____

Parent/Guardian (Signature) _____ Date ____/____/____

Parent/Guardian (Print) _____

MCPS Counseling Provider Name (Signature) _____ Date ____/____/____

MCPS Counseling Provider Name (Print) _____

MCPS Counseling Provider's Email _____ Phone ____-____-____

If you have any questions, please call the Office of Student and Family Support and Engagement (OSFSE), at 240-740-5630. Thank you for your support in helping your child succeed at school.

MONTGOMERY COUNTY PUBLIC SCHOOLS**Consentimiento para Terapia de Grupo**Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

Nota: Este formulario no se necesita si ya se tiene permiso para esta terapia de grupo específica a través de un Programa Educativo Individualizado (Individualized Education Plan-IEP) o un Plan 504 u otro formulario de consentimiento aprobado por OSFSE.

Nombre del estudiante _____ Fecha de nacimiento ____/____/____ No. de estudiante de MCPS _____

Nombre de la escuela _____ Grado _____

Nombre del padre/madre/guardián _____ Teléfono de contacto ____-____-____

Nombre del grupo _____

Duración del grupo _____ Duración de cada sesión _____

El consejero escolar, el psicólogo o el asistente social pueden proporcionar terapia de grupo a los estudiantes con el permiso de los padres o guardianes. Estas sesiones de terapia están diseñadas para enseñar habilidades que ayuden a los estudiantes a tener más éxito en su entorno académico y social. Muchos estudiantes pueden mejorar su rendimiento escolar, su asistencia y su actitud hacia la escuela participando en sesiones de terapia de grupo. Los temas de autoayuda desarrollados en estos grupos de terapia suelen incluir estrategias para hacer frente a los problemas, manejo del estrés, resolución de problemas y habilidades sociales. Estas sesiones no pretenden sustituir la terapia externa que usted haya organizado para el estudiante.

Se recomendará encarecidamente a los estudiantes que mantengan la confidencialidad de la información compartida por otros durante las sesiones. La información revelada por los estudiantes durante las sesiones de grupo no suele ser revelada a nadie más por el responsable del grupo, salvo en determinadas circunstancias (por ejemplo, evidencia de que un estudiante representa una amenaza para sí mismo, para los demás o para una propiedad). El líder limitará el intercambio de información a aquellos administradores de MCPS u otro personal de MCPS según sea necesario para el bienestar de los estudiantes y para apoyar su éxito. Además, la información debe compartirse si la ley lo exige. De lo contrario, todo el material discutido será confidencial.

Por favor firme y pída a su hijo que devuelva este formulario de consentimiento. Este consentimiento para terapia de grupo es válido durante un ciclo escolar. La participación del estudiante en terapia es estrictamente voluntaria y el consentimiento puede ser retirado por los padres/guardianes del estudiante (o por un estudiante elegible) en cualquier momento. Se recomienda a los padres contactarse con el consejero escolar, psicólogo o asistente social para mantenerse informados sobre el progreso del estudiante.

Gracias por su apoyo para que su hijo tenga éxito en la escuela.

Yo **otorgo** mi permiso para que _____ reciba servicios de terapia de grupo.
(Nombre del estudiante)

Yo **no otorgo** mi permiso para que _____ reciba servicios de terapia de grupo.
(Nombre del estudiante)

Estudiante (firma) _____ Fecha ____/____/____

Nombre del estudiante (en letra de molde/imprenta) _____

Padre/madre/guardián (firma) _____ Fecha ____/____/____

Padre/madre/guardián (en letra de imprenta/molde) _____

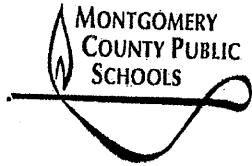
Proveedor de servicios de terapia de MCPS (firma) _____ Fecha ____/____/____

Nombre del proveedor de servicios de terapia de MCPS (en letra de imprenta/molde) _____

Correo electrónico del proveedor de servicios de terapia de MCPS _____ Teléfono ____-____-____

Si usted tiene cualquier pregunta, por favor llame a la Oficina de Apoyo y Participación Estudiantil y Familiar (Office of Family Support and Engagement-OSFSE), teléfono 240-740-5630. Gracias por su apoyo para que su hijo tenga éxito en la escuela.

DISTRIBUCIÓN: Proveedor de servicios, expediente del estudiante, padre/madre/guardián



Alternative Education Programs
Blair G. Ewing Center

September 2021

Dear Parent/Guardian:

Alternative Education Programs at the Blair G. Ewing Center provides counseling groups through its partnership with Clinical Solutions Center for Behavioral Health, Inc. (Clinical Solutions). More information about Clinical Solutions can be found on their website <http://www.csolutionsmh.com/>. Provided counseling groups cover the social-emotional and behavioral topics of coping strategies and anger management. Your student may be assigned a counseling group, based on their need and availability, by your student's Blair G. Ewing case manager. Groups are led by a trained Licensed Master Social Worker (LMSW) and will meet one time per week during your student's elective period. Students will not miss academic class time.

In partnership with Montgomery County Public Schools (MCPS), Clinical Solutions provides this service, free of charge, to students with current Medical Assistance. Students without Medical Assistance will be considered on a case-by-case basis.

We welcome the opportunity to talk with you further about Clinical Solution's counseling groups. If you have any questions or need additional information, please contact:

Mr. Mangiacapra, School Psychologist - MCPS
Ms. Michele Grob, Program Director – Clinical Solutions

Albert_R_Mangiacapra@mcpsmd.org
Mgrob@csolutionsmentalheath.com

Sincerely,

A handwritten signature in black ink that reads "Damien B. Ingram".

Damien B. Ingram
Principal

**PERMISSION TO PARTICIPATE IN CLINICAL SOLUTION'S COUNSELING GROUPS AT
ALTERNATIVE EDUCATION PROGRAMS**

I consent to have my child participate in Clinical Solution's counseling group at Alternative Education Programs.

Your permission is strictly voluntary. You have the right to withdraw your permission at any time.

I understand that my student's assigned case manager will complete an online referral to Clinical Solutions on my behalf using the below provided information. All information is required and will be kept strictly confidential.

<u>Student Information</u>		
Student Name:		
Date of Birth (DOB):		
Address:		
Phone Number:		
Email Address:		
Does your student have a Medical Assistance Number (MA#)? (Please circle one)	Yes	No
<i>Your student's case manager and/or staff from Clinical Solutions will contact you to further discuss available resources and services.</i>		

<u>Parent Information:</u>	
Parent/Guardian Name:	
Phone Number (Primary):	
Phone Number (Secondary):	
Address: (If different from above)	
Parent/Guardian Email:	

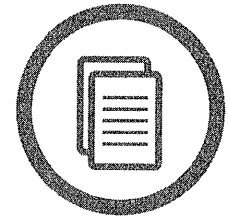
Parent/Guardian Signature

Date



Attitude		Attendance		Achievement	
Behavior	Point	Behavior	Point	Behavior	Point
1. Unsafe Hands or Personal Space	-2	1. Arrive to Class Late	-2	1. Do Not Follow Redirection (after 3 prompts)	-2
2. Use Inappropriate and Disrespectful Language	-2	2. Leave Class without Permission	-4	2. Do Not Actively Participate in Daily Class Objective	-2
3. Removed from Classroom by Security or AP	-8	3. Leave School without Permission	-50 -40 -30 -21	3. Do Not Practice Responsible Decision Making, Coping Skills	-2
<p><u>Other:</u></p> <ul style="list-style-type: none"> ● Inappropriate Car/Bus Behavior: -4 ● BONUS POINTS - Caregiver Signature (Weekly): +8 					

>80 Points - Students will participate in Skill Building Room
 80 or More Points - Students will earn the Daily Incentives



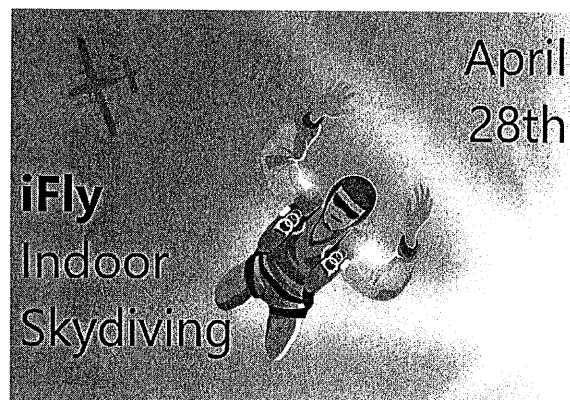
Incentive Field Trips 2022-23

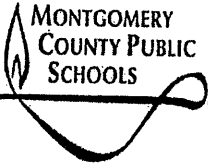
You can earn a *FREE* incentive field trip by demonstrating a minimum of:

- 80% Behavior Point Average (BPA)
- 80% Attendance

Possible Field Trips

- Medieval Times
- The Maryland Science Center in Baltimore
- The National Great Blacks in Wax Museum
- The National Aquarium in Baltimore
- Go Ape Adventure Course
- iFly Indoor Skydiving
- MCCC
- And more!





Alternative Education Programs
Blair G. Ewing Center

August 2022

Dear Parent/Guardian:

Alternative Education Programs at the Blair G. Ewing Center provides positive behavioral interventions and supports (PBIS) through the electronic platform, LiveSchool. Student behavior is monitored and rewarded by Blair G. Ewing Center staff in LiveSchool. More information about LiveSchool can be found on their website www.WhyLiveSchool.com. Student behavior determines eligibility for daily and monthly incentives. Please note, additional consent forms will be provided for monthly fieldtrip incentives. Parent/guardians and students can view their LiveSchool progress at any time using the LiveSchool app.

We welcome the opportunity to talk with you further about Blair G. Ewing Center's PBIS, incentives, and LiveSchool. If you have any questions or need additional information, please contact:

Mr. Mangiacapra, MCPS School Psychologist

Albert_R_Mangiacapra@mcpsmd.org

Sincerely,

A handwritten signature in black ink, appearing to read "Damien B. Ingram".

Damien B. Ingram
Principal

PERMISSION TO USE LIVESCHOOL AT ALTERNATIVE EDUCATION PROGRAMS

Your permission is strictly voluntary. You have the right to withdraw your permission at any time.

<u>Student Information</u>	
Student Name:	
Student ID#:	
Date of Birth (DOB):	

Thank you for your support in helping your child succeed at school.

I do give permission for _____ to use LiveSchool.
(Name of Student)

I do not give permission for _____ to use LiveSchool.
(Name of Student)

Parent/Guardian/Eligible Student Name (Print)

Date

Parent/Guardian/Eligible Student (Signature)

Date

Alternative Education Programs

Expectations and Standards for Success

- ✓ Come to School Every Day
- ✓ No Backpacks
- ✓ No Exiting the School Building
- ✓ No Ordering of Outside Food

I understand the importance of the above bulleted points for my child's academic, behavioral, and social-emotional success.

Parent/Guardian Signature

I understand the importance of the above bulleted points for my academic, behavioral, and social-emotional success. I will comply with all expectations and standards.

Student Signature

Blair G. Ewing Center

Montgomery County Public School

Behavioral Expectations

The administrative staff asks that all students respect the following school policies for the duration of their academic placement at the Department of Blair G. Ewing Center.

Behavioral Policy	Attendance Policy
<ul style="list-style-type: none"> ✓ Upon arrival, students enter the building... place items in locker...report directly or homeroom or cafeteria for breakfast. ✓ Students must follow staff directions the first time. ✓ No items or personal property are to be exchanged, traded, lent, borrowed or sold. ✓ Use APPROPRIATE LANGUAGE and have APPROPRIATE CONVERSATIONS. ✓ NO BULLYING (physical or verbal...this includes cyber bullying). ✓ Do not use another student's PIN # or computer PASSWORD. ✓ Students remain in the classroom during instructional time (students must be escorted to restroom, water fountain, lunchroom, etc.). 	<ul style="list-style-type: none"> ✓ Regular school attendance is required by all students (80% or higher attendance rate). ✓ If you are absent, you must bring a note from your parent/guardian within THREE school days of the absence. If a note is not received, the absence will be marked as unexcused. ✓ You will be marked as present for a full day if you're present for at least FOUR hours of the school day; basically, the absence will not be shown of official documents, such as transcripts. ✓ You will be marked as present for a half day if you are at school for two hours. ✓ Before missing school, keep in mind that your teachers do not have to help, give credit, or allow extensions for work that is missed during an unexcused absence.
<p>Students must remain in their assigned wing of the building at all times unless they are under the supervision of a staff member.</p>	<p>If a student is absent a call will be made home informing the parent/guardian of the student absences. Excessive attendance issues may be referred to Attendance Matters and the Truancy Review Board.</p>
Dress Code Policy	Tardy to Class/Cutting Class (Pg. 11 code of Conduct)
<ul style="list-style-type: none"> ✓ No hats, sunglasses or other head gear may be worn during the school day. ✓ No items depicting weapons, drugs, gangs or violence may be worn. ✓ No coats are to be worn during the school day. ✓ No pajama tops or bottoms may be worn. ✓ No spaghetti straps, tube tops, or midriff/belly shirts ✓ No undergarments should be seen such as underwear, boxers, bras, bra straps, tank tops or shorts (shorts must be as long as the length of the student's finger tips when their arm is fully extended toward the ground at their side). ✓ No backpacks or gym bags during the school day (must be kept in locker). ✓ No large purses or tote bags during the school day (must be kept in locker). 	<ul style="list-style-type: none"> ✓ Students will be required to be on time (in seat when the bell rings) for class on a daily basis. ✓ Random hall sweeps will be conducted throughout the school day to reinforce the instructional expectation for all students.
<p>Students who are in violation of the dress code policy will be provided with appropriate articles of clothing until the end of the school day.</p>	<p>Students who are late to class will have points deducted and possibly other consequences.</p>

Blair G. Ewing Center

Montgomery County Public School

Electronics Policy (Pg. 12 MCPS Code of Conduct)	Sexual Harassment Policy (Pg. 16 Code of Conduct)
<p>The Blair G. Ewing Center uses instructional technology as one way of supporting our school improvement plan with regards to promoting student "high expectations." Students should learn collaboration, communication, creativity and critical thinking, throughout the school day, using technology.</p>	<p>According to MCPS Sexual Harassment Policy, sexual harassment is defined as unwelcomed sexual advances, requests for sexual favors, and/or other inappropriate verbal, written, or physical conduct of a sexual nature. Prohibited conduct may include, but is not limited to, unwelcome behavior of a sexual nature.</p>
<p>Infraction Processing:</p> <ul style="list-style-type: none"> ✓ Approved cell phones must ALWAYS be in silent mode while on school campus, unless otherwise allowed by a teacher and/or staff member. ✓ Students may use text messaging but may not use Social Media, unless otherwise allowed by a teacher and/or staff member. ✓ Students may not use cell phones to "bully" or to post derogatory statements or pictures about students, faculty, or staff via text message or Social Media. ✓ Cell phones may not be used to assist any student on assignments, quizzes, or tests without teacher approval. ✓ Earbuds must be kept out of sight before entering class and during class instruction; Earbuds may be used by students during breakfast, lunch, between classes & incentive time. ✓ Cell phone/electronic speaker amplifier devices are not allowed on school campus. 	<p>Examples:</p> <ul style="list-style-type: none"> ✓ Grabbing, touching, or patting ✓ Sexual propositions ✓ Sexually offensive pictures, magazines, notes, calendars, cartoons, or jokes ✓ Unwanted flirtations or advances ✓ Verbal abuse ✓ Repeated pressure or requests for sexual activities ✓ Rewards for granting sexual favors or the withholding of rewards for refusing to grant sexual favors ✓ Graphic comments about an individual's body or dress ✓ Sexually degrading names
<p>MCPS Portable Communication Devices Policy Secondary school students may possess portable communication devices on MCPS property and at MCPS-sponsored activities. It is the student's responsibility to ensure that the device is turned off and out of sight during times of unauthorized use. High school students may use portable communication devices during lunch and during instructional time with teacher permission.</p>	<p>Violation of the Sexual Harassment Policy will result in the individuals parent/guardian be contacted for a face-to-face meeting. After an investigation has been conducted, appropriate disciplinary action (which may include short-term or long-term suspension) or law enforcement.</p>

I, _____, have read and understand the Behavioral, Attendance, Dress code, and Electronic Polices enforced at the Blair G. Ewing Center.

 Student Signature

 Date

 Parent/Guardian Signature

 Date

Montgomery County Public Schools
Blair G. Ewing Center
Alternative Education Programs

Authorization to Conduct a Daily Student Self-Search

To Whom It May Concern:

I authorize security staff at the Blair G. Ewing Center to conduct a daily self-search on my son/daughter, in accordance with MCPS self-search policies. I understand this is done for the safety of my son/daughter, fellow students, and MCPS staff members.

Student Name

Student Signature

Date

Parent Signature

Date



Montgomery County Public Schools
Blair G. Ewing Center
Alternative Education Programs

Authorization to Conduct a Student Self-Search Upon Building Re-Entry

To Whom It May Concern:

I authorize security staff at the Blair G. Ewing Center to conduct a self-search on my son/daughter, in accordance with MCPS self-search policies, when they re-enter the building. I understand this is done for the safety of my son/daughter, fellow students, and MCPS staff members.

Student Name

Student Signature

Date

Parent Signature

Date



INFORMED CONSENT FOR COVID-19 TESTING

Name of Individual/Patient _____

Date of Birth _____

Consent for Testing

I verify that I am at least 18 years of age.

I consent to the collection and testing of an oral or nasal swab for the following purpose:

- To see if the sample contains any signs of the coronavirus.

If the individual/patient being tested is a minor. I verify that:

- I am the minor's parent or legal guardian.

As the minor's parent or legal guardian, I consent to the collection and testing of the minor's specimen for the following purpose:

- To see if the sample contains any signs of the coronavirus.

The People Testing You.

The people testing you are not your doctor or medical provider.

I agree that I will:

- Look for medical advice, care and treatment from my healthcare provider if I have questions or concerns
- Look for treatment if I develop symptoms, or if my symptoms change or get worse.

Where Your Tests Will Be Handled.

The Montgomery County Maryland Department of Health and Human Services has designated places to temporarily collect and store test specimens. The County utilizes contracted laboratory services to test the specimens that are collected. All laboratories used for this function are recognized as licensed to perform diagnostic testing for COVID-19 as designated by federal and state regulatory agencies.

I agree to:

- Follow all instructions provided by the specimen collection sites and specimen collection staff.
- Give permission for the designated lab to perform testing on my specimen.

What Kind of Test is This?

Today we will use a test authorized by the Food and Drug Administration under an Emergency Use Authorization (EUA). This test looks for the SARS-CoV2 virus. The SARS-CoV2 virus causes the disease known as COVID-19. This test does not look for any signs that you were infected in the past.

I understand that:

- It is possible that the test may result in a false positive or a false negative.
- Testing is voluntary.
- I may take back my consent at any time before delivery of the test to the lab for testing.
 - I can do this by contacting the Montgomery County Department of Health and Human Services at (240) 777-1755.

Results

Upon completing laboratory analysis of the specimen, the testing lab will make results available to state and local health officials in the jurisdiction you reside as required by law and to the listed referring provider.

I give permission to the Montgomery County Department of Health and Human Services to:

- Contact me using the email address or phone number I provided.
- Send my test results via a secure, encrypted email to the email address I provided.
- Provide me access to my results through a county-maintained or lab-maintained secure web portal.

I understand that:

- I am responsible for checking my email for my results.
- I am responsible for looking at my results when they become available.
- If I receive a positive test result, I may be contacted by a representative of the local or state health department to review the results and explain the next steps I should take.
- I can contact Montgomery County Department of Health and Human Services at (240) 777-1755.

I give permission for my test results to be released to the County, State, or any other governmental entity as may be required by law.

I understand that the results of my test may be released to the Chesapeake Regional Information System for our Patients (CRISP), Maryland's regional health information exchange, which allows my provider to access my test results.

The results of my test will be released to the person or organization that ordered testing.

Cost

Testing services will be provided at no out-of-pocket cost to me.

Privacy & HIPAA Disclosure

The Montgomery County Department of Health and Human Services and its contracted laboratory services comply fully with all laws and regulations regarding privacy, data security, and the Health Insurance Portability & Accountability Act (HIPAA).

I acknowledge that I was provided a copy of the Notice of Privacy Practices (NPP), and that I have read (or had the opportunity to read) and understand the NPP and agree to its terms.

I may see and copy the information described in this form if I ask for it.

I acknowledge that all my questions were answered to my satisfaction, that I fully understand this authorization form.

This authorization is valid as of the date I have signed below and shall remain valid until changed or revoked.

Signature of Individual/Patient or Guardian

Date

Consent obtained verbally by Parent/Guardian

Date



Montgomery County Department of Health and Human Services
Notice of Privacy Practices Summary and Signature Page

What is the Notice of Privacy Practices?

We are required by law to provide you with a notice of our privacy practices. Our complete Notice of Privacy Practices is attached. The purpose of the Notice is to inform you about:

- Our legal obligation to protect your information.
• How we will share your information without your written permission.
• Rights that you have related to your information.
• Who you can contact to ask questions, make a request, or file a complaint.

How will we share your information?

Our Department provides a variety of health, income support and social services. To provide these services, we must ask you for personal information that may contain health, financial and other information that identifies you. We will keep your information safe and will only share it when the law permits us or requires us to do so. We will share your information as necessary to:

- Provide you with high quality and coordinated treatment and services. Example: Communicating information between programs to make referrals, determine eligibility or develop a care plan;
• Obtain payment for services. Example: Billing Medicaid;
• Manage our services and programs. Example: Reviewing the quality of the services you receive.

The attached Notice lists other reasons why we may share your information. If we need to share your information for reasons that are not listed, we will ask for your written permission. You have other rights related to your information that are listed on page 4 of the Notice.

Contact Information:

If you have questions about our privacy practices, want to make a request related to your information, or have a privacy concern, contact the staff person who is working with you, or our Privacy Official at 240 777- 1295. Additional contact information is provided at the end of the Notice.

Acknowledgement of receipt of the complete Notice:

Client or Authorized Representative (Sign your name)

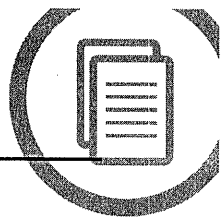
Date

Print your name

Signature of DHHS representative

Signature of interpreter/translator if applicable

If unable to get acknowledgement, specify why:



Mr. Ingram
Principal
(240) 740 - 5000

Blair G. Ewing Center @ Cloverleaf

12920 Cloverleaf Center Dr.
Germantown, MD 20874
Phone: (240) 740-5120

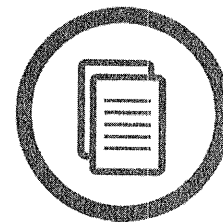
Mr. Richard
Assistant Principal
(240) 740 - 5120

We are here to assist you. You may contact us using the information below:

Areas of Support	Contact Information
<ul style="list-style-type: none"> • Attendance Monitoring • Home Visits • E3 Meetings • Social-Emotional & Behavioral Concerns • In-School Weekly Counseling • Consultation for Outside Services • Direct Linkages to Mental Health Referrals • Crisis Intervention 	<p style="text-align: center;">Social Worker</p> <p style="text-align: center;">Ms. Sanders</p> <p style="text-align: center;">Tanisha_Sanders@mcpsmd.org (240) 740 - 5123</p>
<ul style="list-style-type: none"> • Scheduling • Grades • Credits • 504 Plans • SSL Hours • Online Learning • Graduation Requirements • Transcripts • LiveSchool App Login and Password 	<p style="text-align: center;">School Counselor</p> <p style="text-align: center;">Mr. Spears</p> <p style="text-align: center;">Reginald L Spears@mcpsmd.org (240) 740 - 5124</p>
<ul style="list-style-type: none"> • Intake Meetings • Transition Dates • School Rules and Regulations 	<p style="text-align: center;">Pupil Personnel Worker (PPW)</p> <p style="text-align: center;">Ms. Wright</p> <p style="text-align: center;">Tanisha R Wright@mcpsmd.org (240) 424 - 5441</p>
<ul style="list-style-type: none"> • Transition Dates • Transition Meetings • Re-Entry Planning 	<p style="text-align: center;">Transition Specialist</p> <p style="text-align: center;">Ms. Rodriguez</p> <p style="text-align: center;">Ingrid P Rodriguez@mcpsmd.org (240) 424 - 5441</p>
<ul style="list-style-type: none"> • Health Concerns 	<p style="text-align: center;">School Nurse</p> <p style="text-align: center;">Contact the main office at (240) 740 - 5120</p>

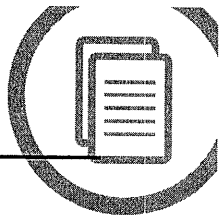
Your student's assigned Case Manager is: _____

Alternative Education Programs



Attendance Process

<u>Full Days Absent</u>	<u>Action</u>
1 <i>(Daily, Ongoing)</i>	Phone Call Home
3	Phone Call Home by Student's Case Manager
5	Attendance Letter
7	Home Visit #1
10	E3 Meeting <ul style="list-style-type: none">• Attendance Intervention Plan (AIP)
13	Home Visit #2 Attendance Referrals Submitted
2 Weeks	E3 Progress Check #1
4 Weeks	E3 Progress Check #2



Mr. Ingram
Principal
(240) 740 - 5000

Blair G. Ewing Center @ Avery Road

14501 Avery Rd.
Rockville, MD 20853
Phone: (240) 740-5050

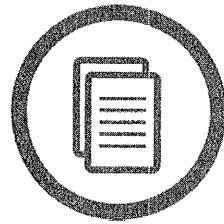
Ms. Dixon
Assistant Principal
(240) 740 - 5050

We are here to assist you. You may contact us using the information below:

Areas of Support	Contact Information
<ul style="list-style-type: none"> • Attendance Monitoring • Home Visits • E3 Meetings • Social-Emotional & Behavioral Concerns • In-School Weekly Counseling • Consultation for Outside Services • Direct Linkages to Mental Health Referrals • Crisis Intervention 	<p style="text-align: center;">Social Worker</p> <p style="text-align: center;">Ms. Steiger</p> <p style="text-align: center;">Jennifer_Steiger@mcpsmd.org (240) 740 - 5052</p>
<ul style="list-style-type: none"> • Scheduling • Grades • Credits • 504 Plans • SSL Hours • Online Learning • Graduation Requirements • Transcripts • LiveSchool App Login and Password 	<p style="text-align: center;">School Counselor</p> <p style="text-align: center;">Ms. Hendricks</p> <p style="text-align: center;">Kendra_Hendricks@mcpsmd.org (240) 740 - 5063</p>
<ul style="list-style-type: none"> • Intake Meetings • Transition Dates • School Rules and Regulations 	<p style="text-align: center;">Pupil Personnel Worker (PPW)</p> <p style="text-align: center;">Ms. Wright</p> <p style="text-align: center;">Tanisha_R_Wright@mcpsmd.org (240) 424 - 5441</p>
<ul style="list-style-type: none"> • Transition Dates • Transition Meetings • Re-Entry Planning 	<p style="text-align: center;">Transition Specialist</p> <p style="text-align: center;">Ms. Rodriguez</p> <p style="text-align: center;">Ingrid_P_Rodriguez@mcpsmd.org (240) 424 - 5441</p>
<ul style="list-style-type: none"> • Health Concerns 	<p style="text-align: center;">School Nurse</p> <p style="text-align: center;">Contact the main office at (240) 740 – 5050.</p>

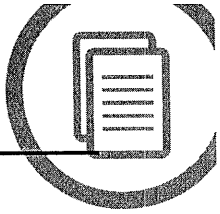
Your student's assigned Case Manager is: _____

Alternative Education Programs



Attendance Process

<u>Full Days Absent</u>	<u>Action</u>
1 <i>(Daily, Ongoing)</i>	Phone Call Home
3	Phone Call Home by Student's Case Manager
5	Attendance Letter
7	Home Visit #1
10	E3 Meeting <ul style="list-style-type: none">• Attendance Intervention Plan (AIP)
13	Home Visit #2 Attendance Referrals Submitted
2 Weeks	E3 Progress Check #1
4 Weeks	E3 Progress Check #2



Mr. Ingram
Principal
(240) 740 - 5000

Blair G. Ewing Center @ Plum Orchard
12120 Plum Orchard Dr., Suite 110
Silver Spring, MD 20904
Phone: (240)740-5100

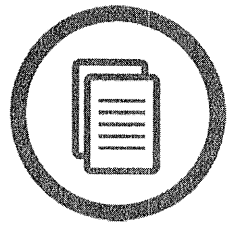
Dr. Mitchell-Anderson
Assistant Principal
(240) 740 - 5100

We are here to assist you. You may contact us using the information below:

Areas of Support	Contact Information
<ul style="list-style-type: none"> • Attendance Monitoring • Home Visits • E3 Meetings • Social-Emotional & Behavioral Concerns • In-School Weekly Counseling • Consultation for Outside Services • Direct Linkages to Mental Health Referrals • Crisis Intervention 	<p style="text-align: center;">Social Worker</p> <p style="text-align: center;">Ms. Alvarez</p> <p style="text-align: center;"><u>Maria_D_Alvarez@mcpsmd.org</u> (24) 740 - 5090</p>
<ul style="list-style-type: none"> • Scheduling • Grades • Credits • 504 Plans • SSL Hours • Online Learning • Graduation Requirements • Transcripts • LiveSchool App Login and Password 	<p style="text-align: center;">School Counselor</p> <p style="text-align: center;">Ms. Stith</p> <p style="text-align: center;"><u>Terri_L_Stith@mcpsmd.org</u> (240) 740 - 5091</p>
<ul style="list-style-type: none"> • Intake Meetings • Transition Dates • School Rules and Regulations 	<p style="text-align: center;">Pupil Personnel Worker (PPW)</p> <p style="text-align: center;">Ms. Wright</p> <p style="text-align: center;"><u>Tanisha_R_Wright@mcpsmd.org</u> (240) 424 - 5441</p>
<ul style="list-style-type: none"> • Transition Dates • Transition Meetings • Re-Entry Planning 	<p style="text-align: center;">Transition Specialist</p> <p style="text-align: center;">Ms. Rodriguez</p> <p style="text-align: center;"><u>Ingrid_P_Rodriguez@mcpsmd.org</u> (240) 424 - 5441</p>
<ul style="list-style-type: none"> • Health Concerns 	<p style="text-align: center;">School Nurse</p> <p style="text-align: center;">Contact the main office at (240) 740 - 5100</p>

Your student's assigned Case Manager is: _____

Alternative Education Programs



Attendance Process

<u>Full Days Absent</u>	<u>Action</u>
1 <i>(Daily, Ongoing)</i>	Phone Call Home
3	Phone Call Home by Student's Case Manager
5	Attendance Letter
7	Home Visit #1
10	E3 Meeting <ul style="list-style-type: none">• Attendance Intervention Plan (AIP)
13	Home Visit #2 Attendance Referrals Submitted
2 Weeks	E3 Progress Check #1
4 Weeks	E3 Progress Check #2

Student Status Meeting

Blair G. Ewing Center
Alternative Education Programs

Welcome to the Blair G. Ewing Center:

Strength-based communication that supports collaboration and student growth are integral components of being a part of the Blair G. Ewing community. The standard Student Status Meeting offers each student and their support network (parent, social worker, counselor, teacher, and administrator) an opportunity to come together in a positive meeting to review the student's academic and social emotional progress toward the student's stated goals. Since Student Status Meetings are student-led, the ideals of the "growth mindset" are operationalized when students engage in supported self-evaluation and problem-solving when goal attainment has not been seamless. The initial Student Status Meeting is held in the third week of new student's enrollment, or in the first three weeks of the school year for returning students. The second and final Student Status Meeting is held at the midpoint of the student's stay at BGE.

Your signature below signifies that you understand the importance of the Student Status Meeting and pledge to actively participate in creating this safe space by attending each meeting and honoring the principles of strength-based communication.

Student Name

Student Signature

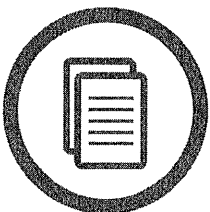
Date

Parent Signature

Date

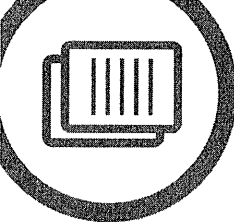
Please schedule your first Student Status Meeting with the case manager, now.

Date of 1st Meeting

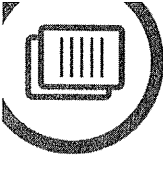


Intake staff member, provide a copy of this form, with the date of the first meeting, to the parent/guardians.

Blair G. Ewing Center
 Alternative Education Programs
Resources for Students & Families



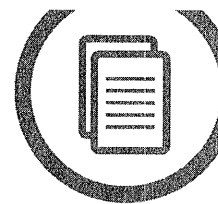
Organization	Contact Information	Details
Department of Health & Human Services (DHHS)	311 in-County or 240-777-0311 Dial 711 for MD Relay TTY https://www.montgomerycountymd.gov/mc311/	<ul style="list-style-type: none"> • Public Assistance, Financial and Emergency Services • MC311 Customer Call Center, county info./referral. 7:00am – 7:00 pm weekdays • Assistance obtaining new housing • Single point of entry: select “Housing Path” on HOC website for application for HOC programs
Housing Opportunities Commission (HOC)	240-627-9400 https://www.hocmc.org/	<ul style="list-style-type: none"> • Rental assistance • Emergency eviction/ foreclosure prevention • Utility disconnection prevention
Housing Stabilization, DHHS	311 in-County or 240-777-0311 Dial 711 for MD Relay TTY https://www.montgomerycountymd.gov/mc311/	<ul style="list-style-type: none"> • Food assistance • See: https://mocofoodcouncil.org/map/ • 100+ food assistance sites available • Call to apply for county food assistance
Montgomery County Food Council	240-630-0774 info@mocofoodcouncil.org 311 in-County or 240-777-0311 Dial 711 for MD Relay TTY	<ul style="list-style-type: none"> • Substance abuse (Adolescents) • Conducts <i>free</i> substance abuse assessments and provides treatment referrals
Screening and Assessment Services for Children and Adolescents (SASCA), DHHS	240-777-1430 7300 Calhoun Pl. Rockville, MD 20855	<ul style="list-style-type: none"> • Substance abuse (Adults) • For adults on Medicaid or who are uninsured • <i>Free</i> intake and referral online
Mental Health/Substance Abuse Screening and Referral, DHHS	240-777-1770	<ul style="list-style-type: none"> • Free Crisis Services (All ages) • Open 24/7 • If you have a medical emergency, call 911
Montgomery County Crisis Center, DHHS	240-777-4000 1301 Piccard Dr. Rockville, MD 20850	



Blair G. Ewing Center
Alternative Education Programs

Recursos disponibles para estudiantes y familias

Organización	Información del contacto	Detalles
Departamento de salud y servicios sociales (DHHS)	311 en el condado o 240-777-0311 Marque 711 para MD Relay TTY https://www.montgomerycountymd.gov/mc311/	<ul style="list-style-type: none"> ● Ayuda pública, Financiamiento y servicios financieros y de emergencias ● MC311 Centro de llamadas, línea de informaciones para todos programas y servicios en el condado.
Comisión de vivienda (HOC)	240-627-9400 https://www.hocmc.org/	<ul style="list-style-type: none"> ● Ofrece muchos programas: selección "Housing Path" en el sitio web de HOC para solicitar los programas de HOC
Estabilización de vivienda (DHHS)	311 en el condado o 240-777-0311 Marque 711 para MD Relay TTY https://www.montgomerycountymd.gov/mc311/	<ul style="list-style-type: none"> ● Asistencia de renta ● desalojo de emergencia / ejecución hipotecaria ● prevención de desconexión de servicios públicos
Asistencia alimentaria del condado de Montgomery	240-630-0774 info@mocofoodcouncil.org 311 en el condado o 240-777-0311 Marque 711 para MD Relay TTY	<ul style="list-style-type: none"> ● Asistencia alimentaria ● Ver: https://mocofoodcouncil.org/map/ ● Hay más de 100 sitios de asistencia, que se pueden buscar por ubicación, tipo de asistencia alimentaria y accesibilidad ● Llame para pedir asistencia
Servicios de detección y evaluación para niños y adolescentes (SASCA), DHHS	240-777-1430 7300 Calhoun Pl. Rockville, MD 20855	<ul style="list-style-type: none"> ● Abuso de sustancias (adolescentes) ● Hace evaluaciones gratuitas de abuso de sustancias ● Ofrece recomendaciones de tratamiento de drogas, seguimiento y derivaciones
Exámenes de salud mental / abuso de sustancias, DHHS	240-777-1770	<ul style="list-style-type: none"> ● Abuso de sustancias (adultos) ● línea de admisión y derivación para adultos con Medicaid o que no tienen Seguro ● (Para adultos asegurados, comuníquese con su compañía de seguros)
Centro de Crisis, DHHS	240-777-4000 1301 Piccard Dr. Rockville, MD 20850	<ul style="list-style-type: none"> ● Abierto las 24 horas, 7 días de la semana ● Servicios de crisis gratuitos ● Evaluaciones de crisis y referencias de tratamiento para todas las crisis psiquiátricas y situacionales ● Si tiene una emergencia médica, llame al 911

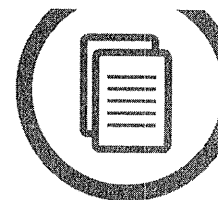


**REGULAR BELL
SCHEDULE/HOMEROOM
2022-2023**

Period	Time
Breakfast	7:30-8:00 (BK)
Homeroom	8:00-8:30 (30)
1/2	8:30-9:45 (75)
3/4	9:45-11:00 (75)
5/6	11:00-12:15 (75)
7/8 LUNCH	12:15-12:45 (30)
9/10	12:45-2:00 (75)
Checkout/Incentive	2:00-2:30 (30)

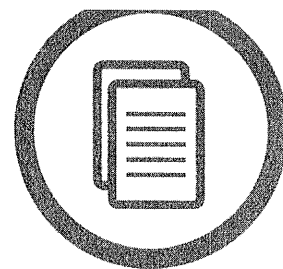
2 HR DELAY BELL SCHEDULE

Period	Time
Breakfast	9:30-10:00 (BK)
Homeroom	10:00-10:30 (30)
1/2	10:30-11:16 (46)
3/4	11:16-12:02 (46)
5/6	12:02-12:48 (46)
7/8 LUNCH	12:48-1:18 (30)
9/10	1:18-2:04 (46)
Checkout/Incentive	2:04-2:30 (26)



EARLY RELEASE DAY BELL SCHEDULE

Period	Time
Breakfast	7:30-8:00 (BK)
Homeroom	8:00-8:30 (30)
1/2	8:30-9:10 (40)
3/4	9:10-9:50 (40)
5/6	9:50-10:30 (40)
7/8 LUNCH	10:30-11:00 (30)
9/10	11:00-11:40 (40)
Checkout/Incentive	11:40-12:00 (20)



Bus Depot Numbers

Main Depot Number	240.740.6200
• West Farm (6000)	240.740.1851
• Bethesda (1000)	240.740.6580
• Randolph (3000)	240.740.2610 or 240.740.6211
• Shady Grove N (4000)	240.740.6220
• Shady Grove S (5000)	240.740.6210
• Clarksburg (2000)	240.740.4728

What Number Do I Call?

- Call the phone number associated with the first number of your student's bus number.
- For example:
 - if your bus number is 6234, you would call West Farm (6000)
 - if your bus number is 3675, you would call Randolph (3000).

Have Questions About the Bus Stop?

- Call 301.444.8580

