



Student Contact Information		
Student Name:		FCPS ID #
DOB:	Age:	Grade:
Last School Attended:		
School Division:		

Placing Agency Information		
Placing Agency (Check below)		
Community Services Board	Dept of Family Services	Other (Indicate Below)
Case Worker Name:		Case Worker Title:
Phone #:		Email Address:

Current Placement Information			
Name of Current Placement:			
Date of Enrollment:			
Type of Placement (Check below)			
Residential Treatment	Group Home	Therapeutic Foster Home	Foster Home
Other (describe below)			
Address of Placement:			
Contact Name:		Contact Role:	
Contact Phone #:		Contact Email Address:	

Education Information			
Name of Current Education Placement:			
Type of Educational Program (Check Below)			
Residential	Private Day	Other (Note below)	Unidentified Yet
Address of School (if different than above)			
School Contact Name:		School Contact Role:	
Phone #:		Email address:	

Parental Rights Information		
Have Parental Rights Been Terminated (Indicate below)		
Yes	No	Partially
Notes:		
Additional Contact Information Related to Parental Rights		
Contact Role (check below)		
Surrogate Parent	Guardian Ad Litem	Foster Parent
Contact Name:		Contact Address:
Contact Phone #:		Contact Email Address:
Additional Notes about Parental Rights		

Special Education Information	
Student's Area(s) of Eligibility:	Date of Most Recent IEP meeting:
Date of Most Recent Special Education Eligibility:	Date of Annual IEP:
Additional Notes about Special Education Needs:	

Other:

Once completed, provide this form to the FCPS Multi-Agency Services office, along with any other reports or documentation relevant to the student's educational programming.

FCPS MAS Office
masoffice@fcps.edu
571-423-4030