



UNIVERSITY OF
MARYLAND
 Counseling Center

Shoemaker Building
College Park, Maryland 20742-8111
301.314.7651 TEL 301.314.9206 FAX

**University Parent Consultation and Child Evaluation Service
 (UPCCES)
 301-314-7673**

LEAP Parent and Teacher Consultation Request

Date:

Name of person requesting consultation:

Relationship of person to child:

- Parent [Please provide phone # _____ (h) _____ (w)]
- LEAP Teacher
- LEAP Administrator
- Other _____

Type of consultation requested:

- Information about specific topic(s)
- Consultation about a specific child
- Classroom observation
- Meeting with child
- Parent Consultation
- Presence at Parent-Teacher Educational Planning Meeting
- Other

If relevant, please note:

Child's name: _____ **Age:** _____ **AM/PM (Circle one)** _____

What concerns do you have? Concerns can be about a specific child, general classroom management issues, or a request for information about specific topics or mental health issues. *If you are a LEAP staff member requesting classroom observation of a specific child, please inform the parents, and ask them to complete the Consent Form. We are available to speak with parents who want additional information about our service.*

UPCCES complies the ethical and legal state and federal guidelines in the protection of client privacy and information.

Place completed forms in a sealed envelope and return them to the front office in 0100 LeFrak.