

PARENT/STUDENT PERMISSION FORM

The Student Assistance Program provides support and intervention services for students who are experiencing problems that may interfere with their success in school. This is a voluntary and confidential program. Parent permission is required for all students who request to participate in SAP services.

Please check **ALL** services you are requesting which include:

_____ **Consultation with parents, information gathering** – retrieve information about a particular student from his/her teachers, coaches, counselors, nurse, probation officer and administrators. This allows for a better picture of the student’s behaviors, peer interactions and academic studies to be explored and allows the program to have focus.

_____ **Support from SAP, teachers & school staff** – conduct brief interventions and/or counseling, group support, after school support, behavior management training and mediations.

_____ **Mental health assessment and support** – through an interviewing process information is brought to the Clinical Team to consult about referring the child to an outside agency. Program and support services which are provided in school may be recommended, as well as deferring the case due to excessive outside resources already in place.

_____ **Drug and alcohol assessment and counseling** – SAP partners with Pyramid to perform an individual assessment which includes recommendations. In school or out of school counseling may be suggested upon completion of the assessment.

_____ **Group participation** – anger, stress, grief, problem solving, relationships/communication, transition and other groups are provided appropriate for the student’s needs. This is situational and pending the population of students meeting the need for a group.

_____ **Parent guardian consultation** – parent/guardian would like to set up a meeting with a SAP team member, should situations arise that require consultation. This may be conducted in person or by telephone, whichever is most appropriate.

_____ **SAP participation is declined** – parents/guardians do not give their permission for the Student Assistance Program to assist in meeting their child’s needs.

All programs are conducted by a mental health specialist who works with the school Student Assistance Team. The specialist may also see students and families individually as requested.

- **ALL SAP services are voluntary, confidential and free of charge.**
- **Parent participation is welcome and encouraged in all SAP services.**

Please sign the form below indicating your permission/request for your child to participate in the Student Assistance Program. Return to school counselor or principal.

STUDENT NAME: _____ SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Additional information regarding Child and Family Rights and Responsibilities in the Student Assistance Program is available from the school principal and/or SAP team.