STUDENT ASSISTANCE PROGRAM

Parent/Guardian Consent Form: For Contracted Services

Dear Parent/Guardian of __________________________________:

This letter is to inform you that your child has been referred to the Student Assistance Program (SAP) at Steel Valley High School. This is a voluntary program that offers support services to students experiencing academic, behavioral, and/or emotional difficulties that may pose barriers to school success.

Students can be referred to SAP by parents/guardians, school personnel, peers or self-referrals. The SAP team is comprised of specially trained teachers, administrators, school counselors, and a Licensed Professional Counselor from Jennifer Koehler Fandray, LLC. Our goal is to work with you and your child to offer support and recommendations for your son/daughter. Some of these recommendations may include in school supports, such as groups, and/or out of school community resources.

The SAP team gathers information concerning your son/daughter in order to make the most appropriate referral for services (all information gathered is confidential). Some of the information collected will include, but is not limited to: classroom behaviors, grades, attendance, teacher feedback and parent input. A team member is ready to talk with you about the referral to SAP and obtain information about your son/daughter.

Once the information is gathered the Licensed Professional Counselor may conduct a confidential individual screening on your son/daughter. After the screening is complete the liaison will share the recommendation(s) with the parent/guardian and the SAP team. With your permission, our Student Assistance Team will initiate the SAP process. Please sign and return the consent form that is located on the back of this form and return to Russ Firestone, Student Assistance Coordinator using the provided school envelope. If you have any questions about the Student Assistance Program please call us at (412) 464-3600, ext. 2206.

Sincerely,

The Student Assistance Team
Steinl Valley High School
I give permission for my child to participate in the Steel Valley High School Student Assistance Program (SAP).

I do NOT give permission for my child to participate in the Steel Valley High School Student Assistance Program (SAP).

**AND**

I give permission for the Licensed Professional Counselor to conduct a confidential screening on my child.

I do NOT give permission for the Licensed Professional Counselor to conduct a confidential screening on my child.

**AND**

I give permission for my child to participate in SAP Groups and Prevention Education Groups.

I do NOT give permission for my child to participate in SAP Groups and Prevention Education Groups.

Student Name ______________________________________________________

Parent/Guardian Signature ____________________________________________

Date __________________________