



"Serving the Educational Needs of Munhall, Homestead and West Homestead"

Steel Valley School District

Steel Valley Senior High School

3113 Main Street

Munhall, PA 15120

412) 464-3600 x 2500

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Camus Principal

Bryan Macuga

Secondary Associate Principal

John Strom

Counselors

Jason Novak

STUDENT ASSISTANCE PROGRAM Parent/Guardian Consent Form

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 supportive 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 Behavioral Health Liaison from Mon Yough Community Services. Our goal is to work with you and your child to offer support and recommendations for your son/daughter. Some of those 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. You are a vital part of the team and the SAP team values your concerns and 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 Behavioral Health Liaison 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

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_____ 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 Behavioral Health Liaison to conduct a confidential screening on my child.

_____ I do NOT give permission for the Behavioral Health Liaison 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 give DO NOT give permission for my child to participate in SAP Groups and Prevention Education Groups

Student Name _____

Parent/Guardian Signature: _____

Date: _____