



Date: _____

Dear Parent/Guardian,

Your child has been referred to the Student Assistance Program (SAP). This is a team of teachers, administrators, counselors, student support staff, the school nurse, and agency liaisons who work with students to identify and remove barriers to their school success. Parents/guardians are vital to the team and decision making process. Further, parent involvement is key in the successful resolution of any barriers to their child's education.

The process of the Student Assistance Program consists of gathering teacher's observation data, meeting with your child, meeting with you to review any suspected problems, and making recommendations to assist your child. Student's academic, behavioral, and available medical records will be reviewed by the team to ensure appropriate interventions and recommendations can be made. All aspects of this process are carried out in strict confidence.

Upon receiving this signed consent, your child will be assigned to a team member who will be in contact with you.

ALL INFORMATION GATHERED IN THIS PROCESS IS CONFIDENTIAL

_____ I give my permission to have my child participate in the SAP program.

_____ I do not give my permission to have my child participate in the SAP program.

Student Name

Parent/Guardian Signature

Date

THIS SIGNED CONSENT WILL EXPIRE AT THE END OF THE SCHOOL YEAR.

Permission may be revoked at any time.

If you have any questions or concerns, please contact
your child's guidance counselor.