

20____ - 20____

SAP Parent/Guardian Consent

Your child, _____; has been referred to the CLASS Academy Student Assistance Program (SAP). This voluntary program is available to offer supportive services to students experiencing academic, behavioral, and/or emotional difficulties that may pose barriers to school success.

Students can be referred to the SAP by parents/guardians, school personnel, peers or self-referrals. The SAP team is comprised of specially trained teachers, administrators, school counselors and a mental health and/or drug & alcohol consultant(s). Our goal is to work with you and to offer support and recommendations for your son/daughter. Where barriers are beyond the scope of the school, the team can provide information so families may access community resources.

You are a vital part of the team and the SAP team values the importance of parent/guardian involvement in this process. A team member is ready to talk with you about the referral and obtain information about your child. With your permission, our Student Assistance Team will initiate the SAP process which includes meeting with your son/daughter.

Please complete the bottom portion of this letter and return it to:

CLASS Academy
270 Ohio River Blvd, Baden PA 15005.
Attn: Joy Metzler, School Counselor

If you have any questions about the Student Assistance Program, please contact CLASS Academy at 724-869-2222.

PLEASE SIGN BELOW:

_____ I give permission to proceed with the student assistance process and for a member of the SAP team to interview my child, _____

_____ I do not give permission to proceed with the Student Assistance Program.

PARENT SIGNATURE: _____ DATE: ____/____/20____

PRINT NAME: _____