

20____ - 20____

SAP Parent/Guardian Consent

Student's Name: _____ Grade: _____ D.O.B. _____

_____ I give for permission for my son/daughter to participate in a confidential pre-screening conducted by the SAP Liaison during school hours at my child's school building. I understand that his screening is conducted as part of the SAP process and the recommendations will be shared with the SAP team. It will allow the SAP team to make appropriate referrals and necessary connections to in-school and out-of-school supports for my child. This information will also be shared with me. I have the right to request to review the screening tool that will be used with my child.

_____ I do not give permission for my son/daughter to participate in a pre-screening conducted but the SAP Liaison. I understand that should I change my mind, I can contact anyone on the SAP Team.

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:

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT SIGNATURE: _____ DATE: __/__/20__

PRINT NAME: _____