## Boyertown Area Senior High School Student Assistance Program PERMISSION FORM

Student Name	Homeroom	
	(Please print)	
experiencing problems that	rogram (SAP) provides support and intervention services for students may interfere with their success in school. This program is voluntary at is a vital component of the SAP process. The SAP process does not responsibility.	and free of
<ul><li>Support fro</li><li>Comprehen</li></ul>	with parent after information gathering a SAP team and other staff ive behavioral health assessment and recommendations provided by a consequence Health Services or Caron Treatment Centers	sultant
Check ALL services for w Request for SAP team		<b>5.</b>
Parent/Guardian	approval Signature: Date:	
Parent/Guardian	Jame (Print):	
Home phone:	Cell phone:	
Please print names of pare work.	Cell phone: ts/guardians with work numbers and extensions if parent is able to receive	ive calls at
Name:	Number:	
Name:	Number:	
I decline SAP	ervices. Signature: Date:	
You are invited to call the a SAP team member with	school Counseling Coordinator at 610-473-3678, your student's school country questions.	inselor or

## BASH SAP Team Members:

- Juliana Caltagirone, School Psychologist
- Christen Mazzie, School Counselor
- Karen Evans, Administrator
- Melissa Hilbert, English Language Arts Teacher
- Victoria Fine, English Language Arts Teacher
- Bonnie Wood, Science Teacher
- Deb Holauchock, School Nurse
- Melissa Gramp, Librarian
- Georgeanne Zvodar, Liaison, Creative Health Services