

Boyertown Area School District
Student Assistance Program
PERMISSION FORM (2/10)

Student Name _____ **Homeroom** _____
(Please print)

The Student Assistance Program (SAP) provides support and intervention services for students who are experiencing problems that may interfere with their success in school. This program is voluntary and free of charge. Parent participation is a vital component of the SAP process. **The SAP process does not replace the parents' decision-making responsibility.**

The range of SAP services may include:

- Consultation with parent after information gathering
- Support from SAP team and other staff
- Comprehensive behavioral health assessment and recommendations provided by a consultant from Creative Health Services or Caron Treatment Centers
- Educational groups

Please sign the form below indicating your permission for your child to participate in the SAP process. Check ALL services for which you are giving permission.

- Request for SAP team consultation following information gathering
 Support for student from SAP team or other staff
 Comprehensive behavioral health assessment
 Group Participation
 Parent/Guardian consultation

Parent/Guardian Approval Signature: _____ **Date:** _____

Parent/Guardian Name (Print): _____

Home phone: _____ Cell phone: _____

Please print names of parents/guardians with work numbers and extensions if parent is able to receive calls at work.

Name: _____ Number: _____

Name: _____ Number: _____

I decline SAP services. Signature: _____ **Date:** _____

You are invited to call the office of the School Counseling Coordinator at 610-473-3678 or your student's school counselor with any questions.