



Charters Valley Student Assistance Program Parent/Guardian Consent

Dear _____,

Your child, _____, has been referred to The Charters Valley High School Student Assistance Program (SAP). This voluntary program is available to offer supportive services to students experiencing behavioral and/or emotional difficulties that have led to barriers for school success.

Students can be referred to SAP by parents/guardians, school personnel, peers, or self-referrals. The SAP team is comprised of specially trained teachers, administrators, school counselors, school social worker, school nurse and a Behavioral Health consultant/liaison through the University of Pittsburgh Maximizing Adolescent Potentials Program (MAPS). Our goal is to work with you and to offer support, recommendations and tools to increase your child's success. This may or may not include a behavioral health screening. When barriers are beyond the scope of the school, the team can provide information and assist families in connecting with community resources.

You are a vital part of the team, and the SAP team values the importance of parent/guardian involvement in this process. Please complete the bottom portion of this letter and return it to the Guidance Office. If you have any questions about SAP, please call your child's school counselor at 412-429-2270. Thank you for being part of our team and we look forward to working with you and your child.

Please check ALL applicable boxes

_____ I give permission for my child to participate in the SAP process

_____ I give permission for my child to participate in a confidential screening by Dana Heisel M.Ed, (412) 389-5293, the SAP Liaison during school hours. I understand that this screening MAY BE conducted as part of the SAP process and the recommendations will be shared with the SAP team. It will allow the SAP Liaison to work directly with my child, as well as enable the SAP team to make appropriate referrals and necessary linkages to in-school and out-of-school supports. This information will also be shared with me.

_____ I do not give permission for my child to participate in the SAP process

Parent(s)/Guardian Signature: _____

Student Signature: _____

Phone number: _____ Email: _____

Date: _____