



Radnor Township School District

Radnor High School • 130 King of Prussia Road • Radnor, PA 19087-5298
610.293.0855 • 610.989.9146 (fax) • www.rtsd.org

PT Kevgas
Principal

Ryan Buterbaugh
Assistant Principal

Keziah La Torre
Assistant Principal

Joseph MacNamara
Assistant Principal

Student Assistance Program (HS Hope) Parent Permission Form

Date: _____

Student: _____

Your child has been referred to Radnor High School's Student Assistance Program (HS Hope). The HS Hope team consists of Administrators, Guidance Counselors, School Psychologists, School Nurse, Social Worker, and selected Teachers. All team members have been trained and are SAP certified. All team members are required to maintain confidentiality throughout the process.

Students may be referred to SAP HS Hope for a variety of reasons including the following:

- Emotional concerns
- Drug and alcohol concerns
- Attendance
- Behavioral concerns
- Discipline or policy violations
- Academic concerns
- Medical concerns

Once permission is obtained, the SAP HS Hope team will gather data regarding your child's functioning within the building to better understand the referral. In addition, parental feedback is an important part of this process, and we value your participation.

By signing permission, you are allowing the team to review your child's referral and to discuss appropriate interventions. Interventions may include one or more of the following:

- Student Assistance Assessment
- Social Work Referral
- Other School Based Interventions (ex. meeting with guidance counselor, disciplinarian, nurse, adding academic supports, additional school testing)

Our goal is to work with you and to offer support and recommendations for your son/daughter. If barriers to your child's academic success are beyond the scope of the school, the team can provide information so families may access community resources.

Parent Signature

Date

**Radnor Township School District
SAP Parent Checklist**

Note: This informational checklist is provided to parents of all students referred for evaluation. The purpose of this form is to help further define factors that may be impacting your student's performance in school. All information shared is retained in a confidential file.

Student Name: _____ **Parent/Guardian Names:** _____

Strengths/Resiliency Factors

- Exhibits willingness to try new things
- Exhibits leadership skills
- Exhibits problem-solving skills
- Exhibits self-control
- Forms & maintains positive relationships
- Is honest
- Is creative
- Can accept consequences
- Strives to achieve his/her best & perseveres
- Able to work independently
- Is considerate of others
- Is cooperative
- Follows rules & directions
- Displays a sense of humor
- Is flexible; can adjust to changes
- Displays insight/understanding of others

Academic Concerns:

- Negative attitude toward school
- Decline in school performance
- Difficulty completing homework
- Difficulty with organization
- Inattentive, lacks focus & concentration
- Finds one or more subjects challenging:

- Other: _____

Social Concerns:

- His difficulty maintaining friendships
- Overreacts to minor events/problems
- Disrespects property of others
- Tends to be a loner or is withdrawn
- Lacks age-appropriate social skills
- Prefers adult interaction to peer interaction
- Expresses strong prejudice against others
- Lies
- Steals
- Other: _____

Emotional Concerns:

- Tearful often; cries easily
- Often seems sad
- Often appears anxious or worried
- Loses temper easily
- Gives up, is easily frustrated
- Is unsure of self; appears to have low self esteem
- Displays extreme mood swings
- Is often irritable and easily annoyed
- Other: _____

Behavior Concerns:

- Doesn't take responsibility for own actions
- Difficulty accepting consequences
- Makes poor choices & decisions
- Demonstrates poor self-control
- Can be verbally abusive
- Can be physically aggressive
- Uses obscene language/gestures
- Demonstrates sudden changes in behavior
- Displays obsessive and/or compulsive behaviors
- Other: _____

Physical Concerns:

- Recent change in physical appearance
- Poor hygiene
- Frequently expresses concern re: personal health
- Often fatigued/change in sleep patterns
- Appears disoriented
- Unexplained physical injuries
- Food issues: _____
- Other: _____

Home/School/Family Concerns:

- Recent parent divorce or separation
- Refusal to attend school
- Conflicts with siblings and/or parents
- Foster care or other placement outside home
- Recent loss of loved one. Specify: _____
- Other: _____

Crisis Indicators:

- Suicide threat or gesture
- Self abuse/self harm
- Threatens others' health/well-being
- Other: _____

Please include additional information that will help us in knowing your student better on the reverse side of this form.



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Parent/Guardian Refusal of Student Assistance Program Services

Name of Student: _____ Date: _____

According to our communication on _____, you are choosing not to proceed with the HS Hope SAP assessment at this time. Therefore, please read and sign the statement below.

Signature of HS Hope SAP Case Advocate

Date

PLEASE DETACH AND RETURN

My signature confirms that, at this time, I am refusing the Radnor High School Student Assistance Program (HS Hope) services. I understand that I can change my mind at a later date.

Your immediate response is appreciated.

Signature of Parent/Guardian

Date

Student

Radnor High School has served the community since 1894 and boasts the oldest public-school football rivalry in the nation. The current building was renovated in 1999 and serves nearly 1,300 students from St. Davids, Wayne, Rosemont, Bryn Mawr, Villanova, Ithan, Newtown Square and Radnor. Named a Blue-Ribbon School in 1996, Radnor consistently ranks among the highest in Pennsylvania for test scores and continues to set the standard for public high schools nationally. (10/5/20 ver.)