

**Student Assistance Program (SAP)
Child and Adolescent Needs and Strength Screening
Parent/Guardian Permission Form**

By signing this form, I give permission for my child to participate in a confidential screening conducted by the SAP Liaison during school hours at my child's school building. I understand that the screening is for mental health and/or substance use issues. I understand that I can request an interpreter if one is needed. I understand that this 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 linkages to in-school and out-of-school supports for my child. This information will be shared with me. I have the right to request to review the CANS (Child and Adolescent Needs and Strength) screening that will be used with my child.

Date Permission Form Signed: _____

Student's Name: _____

Student's Date of Birth: _____ **Grade Level:** _____

Student's School: _____ **School District:** _____

Gender: Please check Male Female Other (please specific): _____

Race:

- White/Caucasian Black/African American
 Asian American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Island More than one race
 Other: _____

Ethnicity: Hispanic or Latino Non-Hispanic Unknown

Preferred Language: _____

Child's Smoking (Tobacco/Nicotine) Status: Current Former Never

Address: _____

Parent/Guardian's Name: _____

Mother Father Guardian: _____

Parent/Guardian's Signature: _____

Phone Number: _____

Email Address: _____

I give permission to be emailed and texted

****Prior to the screening, the SAP Liaison will need to speak with you to review concerns and answer any of your questions. If after several attempts to reach you and we have been unable to contact you, we will move ahead with the screening.**