

**PENNSYLVANIA COUNSELING SERVICES** (Revised 9/12)  
**717-397-8081**

**CONFIDENTIAL**

**Conestoga Valley School District**  
**STUDENT ASSISTANCE PROGRAM**  
**CONSENT TO ASSESSMENT & RELEASE OF RECORDS**

*DESCRIPTION OF PROGRAM*

Pennsylvania Counseling Services is contracted to provide school-based services to your school through the Student Assistance Program. Pennsylvania Counseling Services is located at 40 Pearl Street in Lancaster, PA.

- The assessment and/or any additional on-site services, including groups provided at the school, if recommended, are provided at **no cost to the family**. The assessment is funded by Lancaster County D&A Commission and/or your school.
- After your child's assessment is completed, further community based treatment may be recommended. The assessor can assist the family in arranging these services; however, the costs for the treatment/services are the responsibility of the parent/guardian (insurance, public funding, etc.)
- The family will be contacted by Pennsylvania Counseling Services as part of the assessment, to review the results of the assessment and include their input.

I, \_\_\_\_\_ (Student) hereby consent to an assessment and /or any additional on-site services including groups provided at \_\_\_\_\_ Conestoga Valley \_\_\_\_\_ School District as recommended by the Student Assistance Program (SAP) core-team and administered by Pennsylvania Counseling Services .

I, \_\_\_\_\_ (Student) hereby authorize Pennsylvania Counseling Services to obtain information from, release information to, and communicate with the following concerning information from records, including only those items specifically checked below, for the purpose of an assessment.

- SAP Team/Guidance: school reports, academic reports, standardized test data, anecdotal behavioral information, results of assessment, threat of physical harm to self or others.
- Results of school psychological evaluation
- Parent/Guardian: results of assessment, threat of physical harm to self or others.
- Funding Source: All chart information to verify that services were provided to support funding for the assessment.
- \_\_\_\_\_ Other: (specify) \_\_\_\_\_

Confidentiality of the information obtained will be upheld within the parameters set above, as well as the parameters set by the State and Federal Mental Health and/or Drug & Alcohol laws. Patient rights are reviewed and provided to the student.

I/we hereby give consent to an assessment and/or any additional on-site services including groups, provided at the school and agree to cooperate, to the best of my/our ability with the interview process. I/We understand that Pennsylvania Counseling Services and the SAP core-team will offer assistance in the most appropriate and least restrictive manner possible. I consent to services being provided for the duration of this school year plus three months into the next school year for any follow-up services.

_____/_____/_____ Date	_____ Parent/Guardian Signature	_____ Phone Number (No pagers please)
_____/_____/_____ Date	_____ Student Signature	
_____/_____/_____ Date	_____ Witness Signature	

**All three signatures are required.**

After this form has been returned to the school with the appropriate signatures, the assessment process will begin. At that point, please feel free to contact the Pennsylvania Counseling Services SAP consultant for your child's school with any questions or concerns regarding your child's assessment.

I accept/decline a copy of this form.