



milestone

CENTERS FOR PEOPLE WITH BEHAVIORAL & INTELLECTUAL CHALLENGES

Formerly Allegheny East

SCHOOL BASED PROGRAMS

Voluntary Consent to Receive Services

I hereby voluntarily consent to _____
Student/Child's name & Birthdate with Year

Participation in the Milestone's School based program at

Name of School and School District

I confirm that the various services available to me and my child have been presented to my satisfaction. I understand that this participation may include assessments, individual and family counseling, psycho-educational and/or therapy groups, referral to other services, psychiatric consultation to the school based therapist, and consultation by the Milestone based therapist with school/faculty personnel. These services or combination of services will be determined at the discretion of the therapist. I understand that some verbal and written information may be shared with the school personnel in order to be helpful to the student. I also understand that no information will be released to outside parties without written consent.

I understand that Milestone has responsibility for reporting information, without using names or other identification, about services rendered, to the county and state. I am aware of Milestone's client bill of rights and grievance procedure to resolve complaints about personnel or services.

This release is valid for the _____ school year.

Parent or Guardian Signature Date

Contact Number () _____

Student Signature Date

Helping extraordinary people live ordinary lives.™

600 Ross Avenue / Pittsburgh, PA 15221 / www.milestonecentersinc.org

United Way Contributor Choice Agency #123

Gateway School District

3000 Gateway Campus Blvd.
Monroeville, PA 15146-3383
(412) 373-5773
FAX (412) 373-5872
<http://gator.gasd.k12.pa.us>



Student Assistance Program

Dear Parent or Guardian,

I am writing to inform you that our Student Assistance Program is offering supportive services for the 2013-14 school year. The Student Assistance Program incorporates a team approach that includes: school social worker, special education teachers, guidance counselors, school nurse, and administrators. Our team members have extensive experience, education, and training in providing supportive services to our students. In addition, our Student Assistance Program has established a partnership with community agencies such as Milestone Agency, Family Services, and Gateway Rehabilitation to further support our students and help minimize any students "barriers to learning".

The Student Assistance Program represents all grade levels and specialty classes, so the contact with a student occurs in a variety of situations. This allows for informal conversations, active listening, and genuine concern for students as individuals. Student(s) are assured that confidentiality guidelines will occur and that open communication between our team, student(s), and parent(s) are essential.

In order for the SAP team to further assess and assist your child in addressing any academic, personal, or social issues, your signature is required. If you have any questions regarding the referral please contact Dr. John Fournier, Assistant Principal and Student Assistance Coordinator, at 412 373-5740.

Student

Date

Parent

Date

SAP Representative

Date



310 Central City Plaza
New Kensington, PA 15068-6441
Phone: (724) 335-9883
Fax: (724) 335-2730
Website: www.fswp.org
E-mail: FSWP@fswp.org

Dear Parent or Guardian:

I understand that my child has been referred to the Student Assistance Program (SAP). I also understand that the Student Assistance Program Team has recommended that my child participate in an individual screening interview with the community agency liaison from Family Services of Western Pennsylvania at Gateway High School.

I hereby give permission for my child, _____ to meet with the Student Assistance Liaison during the 2011-2012 school year.

I understand that the screening with the liaison will be conducted in a confidential manner on school grounds. I understand that the liaison will share general recommendations which the SAP team and the Parent or Guardian.

Student

Date

Parent

Date

Student Assistance Representative

Date