

Gateway School District



STUDENT ASSISTANCE PROGRAM (SAP) PERMISSION FORM

Student's Name: _____ Date: _____

School: _____ Grade: _____ Date of Birth: _____

Your child, _____, has been referred to the Student Assistance Program. This voluntary program is available to offer supportive services to students experiencing academic, behavioral, and/or emotional difficulties that may pose barriers to school success.

Gateway School District has partnered with TCV Community Services for grades K-12. If you have any questions about the Student Assistance Program, you may contact the building principal.

Please **check all** that apply:

I give permission for my child to participate in the Student Assistance Program (SAP). As part of the SAP process, a confidential screening *may* be conducted by the SAP liaison from Turtle Creek Valley (TCV) Community Services during school hours. I understand that this screening is conducted as part of the SAP process and may address presenting behavioral health needs. 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 may also include group participation in evidenced based education groups that apply to your child's needs. Monitoring of behavior and/or academic performance will also be included.

I give permission for my child to participate in a counseling group.

I do not give permission for my child to participate in SAP. I understand that should I change my mind, I can contact anyone on the SAP Team.

This permission is good for the ____ / ____ school year and may be revoked, in writing, at any time.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

Mailing Address: _____

**Parent/Guardian Email Address: _____

PLEASE RETURN THIS FORM TO:

Name: _____

Address: _____