**WHILE THIS DOCUMENT IS BEING PROVIDED AS A TOOL TO HELP THE SCHOOL/ DISTRICT**

**CREATE A STUDENT ASSISTANCE PROGRAM, IT IS NOT INTENDED TO SERVE AS LEGAL ADVICE.**

**PLEASE CONSULT YOUR LEGAL ADVISOR BEFORE USING THIS FORM.**

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**Sample Student Assistance Program Caregiver Consent Form**

[*complete after a phone call discussion describing the referral, SAP process, and potential services*]

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your student/child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been referred to the Student Assistance Program (SAP). This is a voluntary program that supports students experiencing barriers to success.

Our SAP is supported by a Student Assistance Team (SAT), which consists of specially trained teachers, school counselors, administrators, and other school personnel. Our goal is to work with you and your child and to offer recommendations, interventions, and supports to your student/child. Some of these services are school-based, while other services recommended by the team are out-of-school community-based resources. After reviewing the referral, the team will partner with you and your student/child on planning supports.

The team gathers information concerning your student/child in order to make the most appropriate referral for services. All information gathered/related to your student/child’s involvement is confidential to the SAT unless there are concerns about your child’s or other’s safety. Data collected may include classroom behaviors, disciplinary data, grades, attendance, teacher rating forms, student rating forms, and/or caregiver feedback.

You are a valued member of the team and your involvement is highly important in this process. As such, you will be invited to future planning meetings and a team member is available to speak with you about services offered and to obtain information about your student/child. Once the information is gathered, \_\_\_\_\_ [insert SAP Coordinator or case manager] may conduct an individual screening on your student/child. With your permission, the team will collect additional data and [add any specific details about next steps] to initiate the SAP process.

Thank you for being part of our team,

The Student Assistance Team [List members of the SAT team here, along with their role/title]

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Please check all that apply and return this form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If you have any questions or concerns, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (phone/email).

* I give permission for my student/child to participate in the SAP process.
* I give permission for the SAP to collect additional screening data to identify needs and strengths.

OR

* I would like to be contacted at \_\_\_\_\_\_\_\_ to discuss the SAP process further.
* I do NOT give permission for my student/child to participate in the SAP process at this time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name Caregiver Signature Date