

**Student Assistance Program
Parent/Guardian Consent**

Date: _____

Student's Grade: _____

Student's Name: _____

_____ I give permission to proceed with the student assistance process and for a member of the SAP team to interview my child. Also, I give permission for my child to participate in interventions to help maximize his/her success at school. The interventions may include, but are not limited to the following:

- Behavior Education Plan (includes Check In Check Out, Check and Connect, etc.)
- Behavior Contract
- Brief or Full Behavior Observation, Collection and Planning
- Adult and/or Peer Mentoring
- Support Groups
- Social Skills Training/Group
- Incentives
- Individual/Group meetings with Mon Yough/UPMC Staff Member

_____ I **do not** give permission for my child to proceed with the student assistance process.

Parent/Guardian Signature: _____ Date: _____



**Student Assistance Program
Screening Consent-CANS (Child and Adolescent Needs and Strength)**

Date: _____

Student's Grade: _____

Student's Name: _____

_____ I **give permission** for my son/daughter to participate in a **confidential screening** conducted by the SAP Liaison through Mon Yough/UPMC during school hours at my child's school building. 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/or out-of school supports for my child. This information will also be shared with me. I have the right to request to review the screening tool that will be used with my child.

I **do not** give permission for my son/daughter to participate in a **confidential screening** by a SAP Liaison through Mon Yough/UPMC. I understand that should I change my mind, I can contact anyone on the SAP Team.

Parent/Guardian Signature: _____

Date: _____

Mailing Address: _____

Phone Number: _____

