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Connecting People to Services

Through the Center for Community Resources we have available to our district a Student Assistance Program (SAP) Liaison who is dual certified in the areas of Mental Health and Drug & Alcohol concerns. This SAP Liaison works with district students who are experiencing adjustment, emotional and /or behavioral difficulties.

We would like to have your son/daughter, _____, meet with the SAP Liaison for the purpose of screening/assessment and recommendation. In this kind of screening, your insights and concerns are invaluable. For this reason, the SAP Liaison will need to contact you and your child. In addition, we need your written permission that:

1. The school may provide pertinent academic and behavioral information to the SAP Liaison.
2. The SAP Liaison may share with school personnel appropriate screening/assessment findings.
3. Your son/daughter may participate in an in-school based group if recommended.

Please sign below indicating your approval of participating in this free program and approval of numbers 1, 2, & 3 as listed above. This release is valid for the current school year.

I give permission for my son/daughter, _____, to meet with the Center for Community Resources SAP Liaison. I understand there will be a need to share appropriate information with and from the SAP Liaison, to/from the appropriate school personnel. I also understand that upon referral to the SAP Liaison, I will need to sign two additional forms: acceptance of the SAP Liaison through CCR as the provider, and a more specific release of information ensuring my confidentiality level.

Parent/Legal Guardian

Date

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