POTTSTOWN
SCHOOL DISTRICT

Building a Better Tomorrow

POTTSTOWN HIGH SCHOOL • 750 N. Washington St. • Pottstown, PA 19464
610-970-6700 (main) • 610-970-1363 (fax)
www.pottstownschools.com

Student Assistance Program (SAP)

Parent Consent for Assessment

_____ Drug & Alcohol Screening Consent

_____ Mental Health Screening Consent

Student Name: _____

Grade: _____

Date of Birth: _____

_____ I give permission for my son/daughter to participate in a confidential screening conducted by the SAP Liaison 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 shraed 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 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 screening conducted by the SAP Liaison. I understand that should I change my mind, I can contact anyone on the SAP team.

Parent/Guardian Signature: _____

Date: _____

Mailing Address: _____

_____

Phone Number: _____

Email: _____