



BLUE MOUNTAIN MIDDLE SCHOOL

Eric Schaeffer
Principal

Roobhenn Smith
Assistant Principal

STUDENT ASSISTANCE PROGRAM Parent Permission for SAP Participation

Student Name: _____ Date: _____

Student's Date of Birth: _____

Please check one:

_____ 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 shared with the SAP Team. The recommendations 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 if I change my mind, I can contact anyone on the SAP Team.

Middle School SAP Team Representatives: Mr. Schaeffer, Mr. Smith, Dr. Guers, Mrs. Frain, Mrs. Spieles, Mrs. Miller, Mrs. Butts, and Mrs. Fishburn (Child and Family Support Services)

Parent/Guardian Signature: _____

Parent/Guardian Name (Printed): _____

Mailing Address: _____

Phone Number(s): _____

Name of Insurance for Child (OPTIONAL): _____

Insurance Identification Number (OPTIONAL): _____

SAP participation and information received will remain confidential and is not part of the student's permanent record

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