



**Student Assistance Program (SAP)
Pre-Screening Parent Consent Form**

Student's Name: _____ Grade: _____

Student's Date of Birth: _____

_____ I give for permission for my son/daughter to participate in a confidential pre-screening conducted by the SAP Liaison, through the Prevention Network, 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 connections 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. Please be aware we require your child's signature to complete the pre-screen. We will provide this consent form at the time of the screening.

_____ I do not give permission for my son/daughter to participate in a pre-screening conducted but 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: _____

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