

“Serving the Educational Needs of Munhall, Homestead and West Homestead”



Steel Valley School District

Steel Valley Senior High School

3113 Main Street

Munhall, PA 1512

412) 464-3600 x 2500

Fax (412) 464-3609

Camus Principal

Bryan Macuga

Secondary Associate Principal

John Strom

Counselors

Jason Novak

STUDENT ASSISTANCE PROGRAM

Parent/Guardian Consent Form: For Contracted Services

Dear Parent/Guardian of _____:

This letter is to inform you that your child has been referred to the Student Assistance Program (SAP) at Steel Valley High School. This is a voluntary program that offers support services to students experiencing academic, behavioral, and/or emotional difficulties that may pose barriers to school success.

Students can be referred to SAP by parents/guardians, school personnel, peers or self-referrals. The SAP team is comprised of specially trained teachers, administrators, school counselors, and a Licensed Professional Counselor from Jennifer Koehler Fandray, LLC. Our goal is to work with you and your child to offer support and recommendations for your son/daughter. Some of these recommendations may include in school supports, such as groups, and/or out of school community resources.

The SAP team gathers information concerning your son/daughter in order to make the most appropriate referral for services (all information gathered is confidential). Some of the information collected will include, but is not limited to: classroom behaviors, grades, attendance, teacher feedback and parent input. A team member is ready to talk with you about the referral to SAP and obtain information about your son/daughter.

Once the information is gathered the Licensed Professional Counselor may conduct a confidential individual screening on your son/daughter. After the screening is complete the liaison will share the recommendation(s) with the parent/guardian and the SAP team. With your permission, our Student Assistance Team will initiate the SAP process. **Please sign and return the consent form that is located on the back of this form and return to Russ Firestone, Student Assistance Coordinator using the provided school envelope.** If you have any questions about the Student Assistance Program please call us at (412) 464-3600, ext. 2206.

Sincerely,

The Student Assistance Team

Steel Valley High School

_____ I give permission for my child to participate in the Steel Valley High School Student Assistance Program (SAP).

_____ I do NOT give permission for my child to participate in the Steel Valley High School Student Assistance Program (SAP).

AND

_____ I give permission for the Licensed Professional Counselor to conduct a confidential screening on my child.

_____ I do NOT give permission for the Licensed Professional Counselor to conduct a confidential screening on my child.

AND

_____ I give permission for my child to participate in SAP Groups and Prevention Education Groups.

_____ I do NOT give permission for my child to participate in SAP Groups and Prevention Education Groups.

Student Name _____

Parent/Guardian Signature _____

Date _____