

SAP Parent Permission Form

DATE:

Address:

Dear Parent/Guardian:

_____ has been referred to the New Brighton High School Student Assistance Program (SAP). The goal of the SAP team is to provide support and encouragement to students and families by helping to remove barriers to learning in order that they may become successful in school.

The team realizes the importance of parental involvement in this process and we are looking forward to working with you. All information is kept confidential unless your teen is going to harm him/herself or others. We are requesting your consent for a member of the team to talk with _____ to help facilitate in this process. Next, it is important to identify the strengths and positive behaviors your son/daughter displays. These can be very important for helping him/her to overcome problems that may stand in the way of success at school. Please complete the following form regarding your son/daughter's behaviors and activities at home.

Please check the appropriate blanks below and return this letter to the SAP team as soon as possible.

Thank you,

Kristen E. Antoline LSW
School Social Worker/ Home School Visitor
Student Assistance Program Team

_____ I give my consent for my teenager to participate in the SAP program.

_____ I do not consent for my teenager to participate in the SAP program.

Parent/Guardian Signature

Date

THE PREVENTION NETWORK

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 a review of 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 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: _____

Updated 10/2024

New Brighton High School
Student Assistance Program: Parent Questionnaire

Student Name: _____ Date: _____

Name of Person Completing Form: _____

Relationship to Student: _____

Strengths: Please check all that you believe apply to your son/daughter.

- | | |
|--|---|
| <input type="checkbox"/> Able to work independently | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Joins in extra activities at school/community | <input type="checkbox"/> Possesses good interpersonal skills |
| <input type="checkbox"/> Works well in a group | <input type="checkbox"/> Displays positive values: honest, caring, etc. |
| <input type="checkbox"/> Wants to and likes to learn | <input type="checkbox"/> Follows rules |
| <input type="checkbox"/> Displays good logic and decision making | <input type="checkbox"/> Uses time wisely |
| <input type="checkbox"/> Is a good leader | <input type="checkbox"/> Helps others |
| <input type="checkbox"/> Can accept criticism | <input type="checkbox"/> Is connected to and likes school and staff |
| <input type="checkbox"/> Considerate of others | <input type="checkbox"/> Strives to achieve their best |
| <input type="checkbox"/> Good Communication skills | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

Positive Traits at Home: Please check all that describes your son/daughter's behavior at home.

- Generally complies with family rules, curfews, etc.
- Does household chores
- Participates in family activities, meals, etc.
- Cares about appearance, health, etc.
- Takes appropriate pride in self and their possessions, keeps room reasonably neat
- Behavior is appropriate with peers and siblings
- Generally respectful toward parent(s)/caregiver(s) and others
- Other: _____
- Other: _____

Physical Characteristics: Please check all that describes your son/daughter.

- | | |
|---|--|
| <input type="checkbox"/> Frequent cold-like symptoms | <input type="checkbox"/> Preoccupied with personal health issues |
| <input type="checkbox"/> Smelling of alcohol/marijuana | <input type="checkbox"/> Fatigue/constantly tired |
| <input type="checkbox"/> Slurred speech | <input type="checkbox"/> Disoriented |
| <input type="checkbox"/> Loss of hair | <input type="checkbox"/> Change in sleep habits |
| <input type="checkbox"/> Self abuse or self mutilation | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Poor hygiene | |
| <input type="checkbox"/> Food issues (example: refusal to eat) - <i>please explain:</i> _____ | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

Continue on the back

Social Issues/Concerns: Please check all that describes your son/daughter.

- Seems to have more money than job or allowance would provide
- Been caught with drugs and/or alcohol
- Been caught with products associated with drug use/paraphernalia
- Been caught taking things from home or neighbors' homes
- Family members missing money or items from the home (cameras, stereos, watches, TV's etc.)
- Other: _____
- Other: _____

Additional Questions:

1. What are your concerns for your child that may be a barrier to his/her learning?

2. What does your child tell you about his/her school experiences?

3. Is there any other additional information regarding home, family, school, friends, etc.?