



**Permission for Participation
In-School Individual and Group Services
Student Assistance Program Montgomery County**

Student Name: _____

School Year: _

Student Assistance Programs (SAP) in Pennsylvania help schools identify students who experience behavior and/or academic difficulties that pose a barrier to their learning and success in school. Merakey Montgomery County, "Merakey," SAP offers assistance to those students through individual and group in-school support, and helps families access community resources, if needed, through our screening service. **The psycho-educational support offered by the SAP staff is not treatment and is not intended to replace therapy or treatment programs.**

Permission is requested to have your child participate in individual and group support services as identified by the SAP team and will be valid for the current school year only. The purpose of these contacts will be to focus on issues currently relevant to your student, as identified by the SAP team. Topics may include, but are not limited to, the following areas:

- *Academic/Attendance
- *Peer Relationships
- *Stress Management
- *Self Esteem
- *Conflict Resolution
- *Stress Management
- *Anger Management
- *Family Transitions
- *Problem Solving Skills
- *Drug and Alcohol Use of Self, Family, Peers
- *Small Groups using Evidence Based Programs such as Girls Circle, Lifeskills, Second Step

If SAP team members from the school request information about these contacts, the Merakey SAP Staff may only provide information deemed minimum and necessary for the purpose of planning other school interventions. Participation in SAP services is voluntary. You have the right to refuse permission, and you may withdraw your permission at any time by notifying the SAP counselor in writing.

I give permission for my student to participate in individual support services. This includes time-limited individual meetings with my child during the school day:

<p>X _____ Signature of Parent or Legal Guardian</p>	<p>X _____ Date</p>
<p>X _____ Signature of Child</p>	<p>X _____ Date</p>

I give permission for my student to participate in group support services. This includes psycho-educational small group discussions amongst peers during the school day.

<p>X _____ Signature of Parent or Legal Guardian</p>	<p>X _____ Date</p>
<p>X _____ Signature of Child</p>	<p>X _____ Date</p>

School: _____ Hatboro Horsham High School
Merakey SAP Staff: _____ Samantha Allen
Phone Number: _____ 215-420-5640
Email: _____ swunder@hatboro-horsham.org

Merakey Staff Signature

Date

SAP Director, Charlene Artillio, is available during school hours at 215-378-8549 to answer any questions.