



HATBORO - HORSHAM HIGH SCHOOL

899 Horsham Road, Horsham PA 19044 215-420-5626

Dear Parent/Guardian,

Your child has been referred to the Hatboro-Horsham High School Student Assistance Program (SAP). This voluntary program is available to offer supportive 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 students can also seek help for themselves. The SAP team is comprised of specially trained teachers, school counselors, nurses, administrators, school psychologists and a mental health and/or drug and alcohol consultant(s). Our goal is to work with you and to offer support and recommendations for your son/daughter. Where barriers are beyond the scope of school, the team can provide information so families may access community resources.

You are a vital part of the team and the SAP team values the importance of parent/guardian involvement in the process. Therefore, a team member has contacted or will be contacting you to talk about the referral and to obtain additional information about your child. The purpose of gathering this information is to help the team to understand the scope of the student's barriers in order to best meet his/her needs. With your permission, our Student Assistance Team will initiate the SAP process which includes a member meeting with your son/daughter.

Please fill out the consent form and return it to the SAP team. If you have any questions about the Student Assistance Program, please call our SAP at 215-420-5626.

Thank you for being a part of our team.

Student Name: _____

_____ I give permission to proceed with the student assistance process and for a member of the Hatboro-Horsham SAP team to check in with my child and/or allow participation in groups.

_____ I give permission to members of the Hatboro-Horsham SAP team to communicate and exchange information with Merakey in an on-going way, for the purpose of assessments or agency offsite supports.

_____ I do not give permission to proceed with the Student Assistance Program. If I decide to seek these services in the future, I may do so at anytime. I recognize that I will be notified if my child is referred again.

Parent/Guardian Signature

Date