



North Hills High School Student Assistance Program

Parent/Guardian Consent

Dear Parent/Guardian: _____

Date: _____

Your child, _____, has been referred to the 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. The SAP team is composed of specially trained school counselors, SAP counselors, administrators, teachers and mental health consultants. Our goal is to work with you and to offer support and recommendations for your son/daughter. Where barriers are beyond the scope of the school, the team can provide information so families may access community resources.

As part of the SAP process, a free and confidential screening is available and can be conducted by the Human Services Administration Organization (HSAO) SAP liaison during school hours. This screening is conducted as part of the SAP process and may identify presenting emotional, social, & behavioral health needs. The recommendations will be shared with the SAP team as well as parents/guardians. It will allow the SAP Team to make appropriate referrals and necessary linkages to in-school and out-of-school supports for your child. Monitoring of behavior and/or academic performance will also be included.

It must be noted that ANY report of suicidal intent, threat to physically harm themselves or others, and reports of suspected child abuse DO NOT require consent in order to share information with the proper authorities.

This permission is good for the 2025-2026 school year and may be revoked, in writing, at any time.

____ Permission to proceed with SAP and for my child to meet with a North Hill's student assistance counselor, as needed. This provides short-term individual and/or group non-therapeutic counseling to help overcome obstacles to learning.

☐ **GIVE** my permission

☐ **DO NOT** give my permission

____ Permission for a SAP liaison from HSAO to meet with my child for a screening.

☐ **GIVE** my permission

☐ **DO NOT** give my permission

Student Information

Home Address: _____

DOB: _____ Gender: _____ Race: _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic Interpreter Services needed? ☐ YES ☐ NO Language: _____

Parent Information

Parent Phone Number: _____ Parent email address: _____

Interpreter Services needed? ☐ YES ☐ NO Language: _____

(Date)

(Signature of Parent/Guardian)