Date Received by TCV:
____

TCV Community Services SAP Screening Permission Form

TO: (School)____
Parent (or Guardian) ____
Parent's Address____
Parent/Guardian Phone Number_____________________________

RE: Student ________________________ Sex M/F____________________________
Date of Birth (Student): _____________ Race_________________________

I, (Parent/Guardian) _____________________________________, hereby request and authorize **Clairton City School District** and **TCV Community Services** to release and exchange the following information with regard to my child, ___________________________________ for the purpose of conducting a behavioral health screening and/or report.

This consent will automatically expire one month after the end of the present 2019/2020 school year.

Information to be released between school and TCV Community Services:

X Academic/Attendance/Suspension/Detention Records

X Summary of Behavioral Health screening/Education Summary/Follow-up observation

X Shared Verbal information by school/other needs as reported by student

I understand that by law, I need not consent to the release of this information; however, I choose to do so willingly and voluntarily for the purpose specified above. I understand that my records are protected under the applicable state law governing health care information that relates to mental health services and under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFT Part 2 and cannot be disclosed without my written consent unless otherwise provided for in State and Federal regulations. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it.

____
Student Signature
Date:

X____
Parent/Guardian Signature or
Empowered Other only when applicable
Date:

____
Witness (School Personnel)
Date:

____
Witness (Agency Personnel)
Date:

Reason for SAP Referral

____

____

Clairton City School District

GINNY L. HUNT, Ed.D.
Superintendent

LAWRENCE J. NICOLETTE, CPA
Business Administrator

Administrative Offices
502 Mitchell Avenue
Clairton, PA 15025
(412) 233-7090 ext. 2200
Fax: (412) 233-4755

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Dear Parent/Guardian,

The Student Assistance Program (SAP) at Clairton City School District is designed to assist parents and educators in helping students to achieve a more successful school experience. This 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 self-referrals. The "SAP Team" is comprised of specially trained teachers, administrators, school counselors, and liaison. Our goal is to work with you and 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.

You are a vital part of the team and the SAP Team values the importance of parent/guardian involvement in this process. Please complete the bottom of this letter and return to school. If you have any questions, please do not hesitate to contact us. Thank you for being part of our team.

Debra Maurizio
Elementary Principal K-5
(412) 233-9200 x1051

Britnee Nwokeji
Social Services Coordinator
(412) 233-9200 x1033

Jillian Monti
ES Counselor (Grades K-5)
(412) 233-9200 x1058

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________ I give permission to proceed with the Student Assistance process.

________ I do not give permission to proceed with the Student Assistance Program.

____ _____________

Parent/Guardian Signature Date