



Permission for Participation In-School
Individual (MH-3), CRAFFT and SAP Group (MH/D&A) Services
Student Assistance Program Montgomery County

Student Name: _____

School Year: _____

Student Assistance Programs (SAP) in Pennsylvania help schools identify students who experience behavioral and/or academic difficulties that pose a barrier to their learning and success in school. SAP offers assistance to those students through short-term individual and group in-school support. The psycho-educational support offered by the Aldersgate SAP Liaison is not treatment, and is not intended to replace community-based counseling, therapy or treatment programs.

Permission is requested to have your child participate in individual and/or group support services as identified by the SAP team and facilitated by Aldersgate's on-site SAP Liaison. Releases 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
*Family Transitions
*Drug and Alcohol

*Mental Health
*Conflict Resolution
*Anger Management
*Self Esteem
*Problem Solving Skills

If SAP team members from the school request information about these contacts, the SAP Counselor 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. Services can only be provided post receipt of a signed written parent and youth permission form.

I give permission for my student to participate in short-term individual support services. This includes time-limited individual meetings with my child during the school day funded by the Montgomery County Department of Health and Human Services: Office of Drug & Alcohol and Mental Health. Services provided may be a brief screening: CRAFFT and/or short-term MH-3 support, if my child is deemed eligible for these services.

X _____
Signature of Parent or Legal Guardian

X _____
Date

X _____
Signature of Student - Required

X _____
Date

I give my permission for my student to participate in group support services. This may include psycho-educational small group discussions amongst peers during the school day funded by the Montgomery County Offices of Behavioral Health. Please note that group programming may be curricula-based and utilize approved evidence-based problem-solving, skill building programs such as Second Step, Life Skills or Girls Circle or Mental Health focused and supported. Additional information regarding these programs can be found on-line. AYSB's SAP Liaisons will do their best to confirm the specific curriculum utilized prior to the start of group.

Group Curriculum: _____

X _____
Signature of Parent or Legal Guardian

X _____
Date

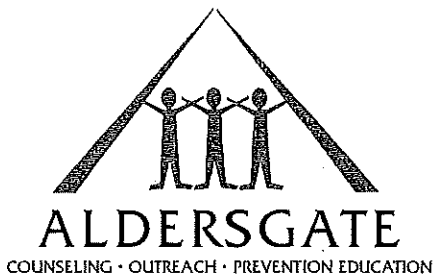
X _____
Signature of Student - Required

X _____
Date

School: _____ Aldersgate (AYSB) SAP Liaison: _____

Phone Number: _____ Date: _____

AYSB's Executive Director, Deborah Sapin-Feldstein, is available during school hours at 215-657-4545 to answer any questions related to Aldersgate SAP Services. Student Satisfaction Surveys will be collected for all SAP and classroom based programming. AYSB Program Participants will need to provide their student ID numbers for all SAP related pre and post-tests. Individual survey results are confidential and will not be shared with your child's school.



Permission for Participation

In-School Services: **CRAFFT** or Alternative Programming for ATOD

Concerns: **Teen Intervene** or **Marijuana Brief Intervention**

Student Assistance Program Montgomery County – D&A Prevention & Intervention Services

42 N. York Road / Willow Grove / PA 19090 / 215.657.4545 / fax: 267.518.0009

Student Name: _____

School Year: _____

Permission is requested to have your child participate in an individual one-time brief screening, the **CRAFFT**, and/or short-term individual support services: **Teen Intervene** or **Marijuana Brief Intervention** as identified by the SAP Team, Guidance Counselor, or Building Administration and facilitated by Aldersgate's on-site Liaison. Releases will be valid for the current school year only. The purpose of these contacts will be to focus on issues that may be drug and/or alcohol related, currently relevant to your student and/or specific to a recent school incident and/or questionable decision making skills. The psycho-educational support offered by the Aldersgate Youth Service Bureau School-Based Counselor is not treatment and is not intended to replace community-based counseling, therapy or treatment programs. If your child's school requests information about these contacts, the AYSB SAP Liaison may only provide information deemed minimum and necessary for the purpose of planning other school interventions. You have the right to refuse permission for services, and you may withdraw your permission at any time by notifying the AYSB Counselor in writing. Your child's permission and signature is also required for these services.

I give permission for my student to participate in a one-time 15-minute screening. This one-time brief individual meeting with my child will occur during the school day and is funded by the Montgomery County Office of Drug & Alcohol. The goal of this screen is to briefly assess at-risk behaviors and to address parent/school/child concerns utilizing the **CRAFFT** screening tool for youth age 12 and older.

X _____
Signature of Parent or Legal Guardian

X _____
Date

X _____
Signature of Student - Required

X _____
Date

I give my permission for my student to participate in individual D&A Intervention evidence based programming: **TEEN INTEREVENE** for Alcohol related concerns or **Marijuana Brief Intervention** Programming for Marijuana related concerns, experimentation or use. Both of these programs are curricula-based, approved evidence-based problem-solving approaches incorporating motivational interviewing and stages of change. Additional information regarding these programs can be found on-line. District staff have confirmed the specific program referred to below. These programs may also be referred to for ATOD school policy violations. All services will be provided during the school day. Meetings are each one hour in duration and are held once per week whenever possible.

Referral source to initial or check off program referred to below: * All meetings are 1 hour in duration at school.

Teen Intervene (AOD): 3 Meetings* _____ Marijuana Brief Intervention: 4-6 Meetings* _____
(alcohol) (marijuana)

*Parent participation is required for at least one school-based session services; a separate release is needed for each individual service: TI & MBI.

X _____
Signature of Parent or Legal Guardian

X _____
Date

X _____
Signature of Student - required

X _____
Date

School: _____ Aldersgate (AYSB) SAP Liaison: _____

Phone Number: _____ Date: _____

AYSB's Executive Director, Deborah Sapin-Feldstein, is available during school hours at 215-657-4545 to answer any questions related to Aldersgate SAP Services, funding or evidence based programming. Student Satisfaction Surveys will be collected for all SAP and classroom based programming. AYSB Program Participants will need to provide their student ID numbers for all SAP related pre and post-tests. Individual survey results are confidential and will not be shared with your child's school.