



WILSON AREA HIGH SCHOOL

424 Warrior Lane

Easton, Pennsylvania 18042



S. A. P.

STUDENT ASSISTANCE PROGRAM

Removing barriers to learning and school success

PARENT PERMISSION FORM

I, _____ (parent/guardian) of _____, a student in the _____ grade, give my permission for the Student Assistance Team to schedule an assessment for my son/daughter with the *Adolescent Central Intake Unit*. The Student Assistance Team has identified concerns which may be creating barriers to his/her learning and success in school. All outcomes of this assessment will be shared with the parents. I/we will be a part of any decision making process and SAP team recommendations. **The student's social security number is required in order to schedule an assessment.**

Please return the signed permission form in the enclosed self-addressed, stamped envelope. We understand that the Student Assistance Program is a voluntary one.

Parent / Guardian name: _____

Signature: _____ Date: _____

Student's Social Security Number (required): _____

Health Insurance Name and Number (required): _____

SAP Referral

Other