



Student Assistance Program (SAP)
Pre-Screening Parent Consent Form

Student's Name: _____ Grade: _____

Student's Date of Birth: _____

_____ I give permission for my child to participate in a confidential pre-screen conducted by the SAP Liaison, through the Prevention Network, during school hours at my child's school building or through a scheduled virtual platform. I understand this screening is conducted as part of the SAP process and the recommendations will be shared with me and the SAP team in addition to being maintained electronically through The Prevention Network's SHEILD database. This prescreen will allow the SAP team to make appropriate referrals and necessary connections to in-school and out-of-school supports for my child. I have the right to request to review the screening tool that will be used with my child. Your child's signature or verbal consent will be obtained prior to the pre-screen.

Parent/Guardian Signature: _____

Date: _____

Mailing Address: _____

Phone Number: _____

_____ I do not give permission for my child to participate in a pre-screening conducted by the SAP Liaison. I understand that should I change my mind, I can contact anyone on the SAP Team.

Updated 8/2020