

SAP - Parent Permission Form  
Bethlehem Area School District

Dear Parent/Guardian,

Your child, \_\_\_\_\_ has been referred to the Student Assistance Program (SAP). The program was developed to offer supportive services to students experiencing difficulties that may interfere with success at school.

The SAP team is comprised of teachers, administrators, guidance counselors, and a consultant from a community agency. Students can be referred by concerned parents, school personnel, peers, community members or, through self-referral. When those barriers may be beyond the scope of the school, the team may assist the parent and student with information so they may access services within the community.

The SAP team realizes the importance of parental and student involvement in this process; therefore we require your written for your permission for your child to be involved with the SAP team to develop an action to best meet the needs of your child.

Please complete the permission portion of this letter and return it as soon as possible in the enclosed envelope. If you have any questions, please contact the following SAP Team member:

\_\_\_\_\_ Phone \_\_\_\_\_ extension \_\_\_\_\_

SAP Team member

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I, \_\_\_\_\_, give permission for my  
(parent/guardian)  
\_\_\_\_\_ to be involved with the SAP team to develop  
(student)  
an action plan to best meet the needs of my child.

I do not want my child to receive SAP services

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return this form in the envelope provided. Thank you.