

Dear

Adolescence is normally viewed as a stressful time for teenagers (and for the parents and teachers who are working hard to guide them successfully into young adulthood). In order to help address the special needs of many of our students during this tough developmental period, our school has a Student Assistance Program (SAP) which helps students cope with the wide range of issues and responsibilities they must face in their day-to-day lives.

The Northampton County Division of Mental Health/Early Intervention/Developmental Programs funds a program which offers short-term individual counseling and community referrals to students in our school. These services are provided at our building by Valley Youth House, and there is no charge for them.

Referrals come from our school teachers and guidance staff. Some of the goals for these counseling sessions include: increasing communication skills; promoting self-esteem; improving coping skills; and developing effective problem solving techniques.

Please allow us to include your son/daughter _____ in this program by signing the consent form at the bottom of this page and returning it to us as soon as possible. There is also a spot for him/her to sign. Efforts will be made to prevent a disruption to your child's academic schedule; however, there may be times during which the mental health professional's availability occurs when your child is in an academic class. If you have any questions or would like more information, please call me at _____. Your son/daughter will not be allowed to participate until the consent form has been returned. There may be a possible wait list for services. You will be notified by the mental health professional when he/she can begin to meet with your son/daughter.

It is the policy of Valley Youth House that the information shared during counseling sessions is confidential. Valley Youth House personnel are required by law to inform the proper authorities whenever there is reason to believe that a child has been abused or neglected, or may be a danger to himself or to others.

Sincerely,

.....
I give permission for _____ to participate in individual
(PLEASE PRINT STUDENT'S FIRST AND LAST NAME)
counseling services sponsored by the school's Student Assistance Program and provided by Valley Youth House.

Parent's/Guardian's Signature Date

Parent's/Guardian's Signature Date

*If custody is shared by more than one parent/guardian, then both parties need to sign the consent form.

Student's Signature

Date

Internal Use Only:

Referral Source: _____ SAP Team _____ Guidance _____ Other