



**Student Assistance Program
Informed Consent for a Mental Health Assessment**

Your child has been referred to the Student Assistance Program (SAP) at school. SAP is a voluntary process. In the event that the SAP team feels your child could benefit from a mental health assessment, you will be contacted by a SAP team member, and one can be conducted by a Teenline counselor with your written permission. Upon completion of the assessment, the Teenline counselor will contact you to offer recommendations for you to consider. * You can also contact the Teenline counselor ahead of time with questions or concerns. The Teenline counselor *does not* provide ongoing counseling or mental health treatment. Teenline cannot assess students who are already receiving mental health services. **In order for the assessment to take place, Teenline needs your written permission below.**

The assessment is free of charge and will take place during the school day at your child’s school. The Teenline counselor will have access to your child’s school records to assist in the assessment. All student assistance information will be maintained in the strictest confidence. A written recommendation from the assessment will be provided to the school’s SAP team to be placed in their student SAP file. We are providing you with a *Notice of Privacy Practices* for your review. Your signature below also acknowledges you received this information. If you have any questions, please feel free to contact Teenline at 717-763-2345.

Thank you for your cooperation.

*According to Pennsylvania law, a person age of 14 or older has a right to decide how much information is shared and with whom after the assessment.

Parent/Guardian Permission Form

Student’s Name: _____ Grade: _____ Date of Birth: _____

Please circle: Yes or No A member of the school’s Student Assistance Program (SAP) has explained the SAP process to me and the purpose of the mental health assessment.

Yes or No My child is already receiving mental health services with a treatment provider such as a psychiatrist, therapist, counselor and/or mental health case manager.

_____ I give permission for my son/daughter to participate in a confidential assessment conducted by a Teenline counselor during school hours at my child’s school building. I understand that this assessment is conducted as part of the SAP process and a written recommendation will be shared with the SAP Team to be placed in your child’s SAP file. It will allow the SAP team to offer recommendations for in-school and out-of-school supports. This information will also be shared with me and my child.

_____ I do not give permission for my son/daughter to participate in a confidential assessment conducted by a Teenline counselor. I understand that should I change my mind, I can contact anyone on the SAP Team.

Parent/Guardian Signature: _____ Date: _____

Phone Number(s): _____