**WHILE THIS DOCUMENT IS BEING PROVIDED AS A TOOL TO HELP THE SCHOOL/ DISTRICT CREATE A STUDENT ASSISTANCE PROGRAM, IT IS NOT INTENDED TO SERVE AS LEGAL ADVICE. PLEASE CONSULT YOUR LEGAL ADVISOR BEFORE USING THIS FORM.**

**Student Assistance Program School-Based Service Plan and Consent Form**

[*complete after an in-person SAP meeting describing the services or phone call discussion*]

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Caregivers,

* Following up on our discussion about Student Assistance Program services, your child has been invited to participate in [**service/intervention/program name**].
* Goals of the service/program include [**brief description of goals**] to address [**brief description of the concern or area to improve**].
* [**Service/program name**] is delivered in a(n) [individual, small group, or other] format \_\_\_\_ times per week for approximately \_\_\_ minutes.

Progress monitoring plan: [**Who will collect data? When/how often? What type of data will be collected?]**

|  |
| --- |
| Student goal(s):Data collection plan: |

We are grateful to have [implementer(s) name/role] facilitate services. The service/program will begin on [date/time] and is planned to last \_\_\_\_\_\_ weeks. Please note that [insert data/information] will be collected to guide, facilitate, and evaluate the service to meet your student/child’s goals.

With your permission, your student/child can begin participating in [**service/program name**]. Any information your student/child shares is confidential, unless the student or another person is in danger. If you have any questions about your student/child’s participation in this service/program, **please contact [name/contact info].**

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Return form to [**insert name of person collecting**]

Consent for Service:

* My student/child **may** participate in [**service/program name**].
* My student/child **may not** participate in [**service/program name**].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/child signature (if necessary) Date