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STATE COLLEGE AREA  
SCHOOL DISTRICT

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PARK FOREST MIDDLE SCHOOL  
COUNSELING OFFICE  
2180 SCHOOL DRIVE • STATE COLLEGE, PENNSYLVANIA • 16803  
Telephone: 814-237-5304 • Fax: 814-272-0196

## Student Assistance Program Permission to Evaluate

Date:

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

I understand that my child, \_\_\_\_\_, has been referred to the Student Assistance Program (SAP) at Park Forest Middle School and that through the Student Assistance Program, I may obtain an assessment of \_\_\_\_\_'s needs. In addition, I understand that the assessment will be done at school by the Centre County SAP Liaison, Kim Rimmey, M.Ed. Please indicate your decision by signing one of the options below.

1. I grant permission for my child \_\_\_\_\_ to receive the mental health/ drug and alcohol assessment. I understand that school personnel and the SAP liaison will exchange information as part of the assessment process.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

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2. I do not grant permission for my child to receive the assessment. I understand that school personnel are concerned about \_\_\_\_\_ and are recommending that s/he receive the assessment.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)