

(S C H O O L L E T T E R H E A D)

**Student Assistance Program
PARENT/GUARDIAN CONSENT FORM**

Student: _____

Grade: _____

_____ I **consent** to initiate the Student Assistance Program during the 2013-2014 school year for the benefit of my child. I understand the SAP team will be collecting information from teachers and any other appropriate staff members in order to develop a plan to promote my child's success in school. I further understand that I am a welcomed and valued member of the SAP Team. All information gathered through this process will remain confidential.

_____ I **decline** the recommendation to initiate the Student Assistance Program during the 2013-2014 school year for the benefit of my child.

Date

Parent/Guardian's Signature

Please return as soon as possible to SAP Coordinator

The federal Family Educational Rights and Privacy Act (FERPA) affords parents certain rights with respect to educational records maintained by a public school entity. Information which is collected and maintained by your Student Assistance Program falls under FERPA's definition of education records. Therefore, you have the right to review all records used in the Student Assistance Program.