SAUCON VALLEY SCHOOL DISTRICT
STUDENT ASSISTANCE PROGRAM (SAP)

PERMISSION FOR PSYCHO-EDUCATION SUPPORT GROUPS

Saucon Valley School District's Student Assistance Program offers a wide variety of psycho-educational support groups to help students learn to cope effectively with many common barriers to their educational success. These curriculum-based and skill-building groups allow students to gain strength and understanding in a confidential setting from peers and provides them with the tools necessary to thrive despite challenges. Groups typically last for 45 minutes in duration, once a week, for about eight weeks. The groups are facilitated by a Student Assistance Program Specialist from Caron Treatment Centers. Groups will be conducted either in-person or remotely via video or audio-conferencing technology or a combination of both.

We require parent/guardian permission for your child to participate in group. Below is a listing of the possible groups offered to your child:

- **Anger Management**
- **Changing Families**
- **Grief and Loss**
- **Kids of Promise®**: for students impacted by the substance use disorder/addiction of a loved one
- **Project CONNECT®:** for students trying to reduce or quit the use of nicotine
- **Resiliency**
- **Stress Management**
- **Teen Intervene:** for students who have acknowledged using substances
- **Teen Issues**

By signing this form, I certify:
- That I agree to allow my child to participate in psycho-educational support groups offered through Saucon Valley School District's Student Assistance Program.
- That I give permission for my child to participate in the groups either in-person or remotely via video or audio-conferencing technology or a combination of both.
- That I fully understand its contents and have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Student Printed Name   Student Email Address

_____   _____

Parent/Guardian Printed Name   Parent/Guardian Physical Address

_____   _____

Parent/Guardian Email Address   Parent/Guardian Phone Number

_____   _____

Parent/Guardian Signature   Date

_____   _____