



Muhlenberg High School

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Michael J. Mish, Assistant Principal • Scott D. Schwenk, Principal • Barry M. Kyper, Assistant Principal

STUDENT ASSISTANCE PROGRAM (SAP): CONSENT TO ASSESSMENT AND RELEASE OF RECORDS

I acknowledge that _____ (student) has been referred to the Muhlenberg High School Student Assistance Program (SAP) and that an integrated behavioral health assessment has been recommended by the SAP core team.

I understand that a credentialed SAP professional, contracted to receive state SAP funding, will perform the integrated assessment at no cost to me.

I hereby authorize the assigned SAP professional to conduct an integrated assessment. I understand that the results and recommendations of the assessment are confidential and will only be shared with myself, and the school SAP team.

I further understand that this information may be shared with other SAP professionals assigned to the school, in order to complete all necessary SAP related functions.

Parent/Guardian Printed Name

Parent/Guardian Signature

SAP Team Member Signature

Date

Date