

STATUS

STUDENT ASSISTANCE TEAM UNITING SUSQUENITA

PERMISSION FOR STUDENT TO PARTICIPATE IN STATUS

I, _____, grant permission for my child, _____
Guardian name *Student name*

grade _____, to participate in the following:

Please check the boxes below if you are giving permission.

- Participate in STATUS at Susquenita. This program's purpose is to identify and assist students who are experiencing barriers to learning. STATUS is comprised of trained school and agency staff. It is NOT a treatment program; rather, its objective is to identify at-risk students who may then be referred to in-school supports or community resources.

- Meet with a Teenline Counselor if recommended by STATUS. Teenline is a service of Holy Spirit Health System. The Teenline Counselor will conduct a mental health screening to determine recommendations for further support services. This Counselor does NOT provide treatment. All information will be maintained in the strictest confidence.

- Meet with a Perry Human Services Counselor if recommended by STATUS. The Perry Human Services Counselor will conduct a drug and alcohol screening to determine recommendations for further support services. This Counselor does NOT provide treatment. All information will be maintained in the strictest confidence.

Date **Signature of Parent or Guardian***

***Must be signature of the parent/guardian who has primary physical/custodial care.**

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I would like to participate in the Student Assistance Program. I have been advised that this program is voluntary and information obtained is confidential.

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**Date** **Signature of Student**

