



Antietam Middle-Senior High School  
100 Antietam Road, Reading, Pennsylvania 19606  
610-779-3545 ~ Fax 610-779-0378

DR. FELICE STERN  
Principal  
fstern@antietamsd.org

DR. HEIDI ROCHLIN, Ed.D.  
District Superintendent

ZACHARY S. WILLIAMS  
Assistant Principal  
zwilliams@antietamsd.org

**STUDENT ASSISTANCE PROGRAM (SAP):  
CONSENT TO ASSESSMENT AND RELEASE OF RECORDS/ DECLINE SERVICES**

I acknowledge that \_\_\_\_\_ (student) has been referred to the Antietam Middle-Senior 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 a SAP professional assigned to the school, in order to complete all necessary SAP related functions.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SAP Team Member Signature

\_\_\_\_\_  
Date

Parent/Guardian Checklist attached (yes) (no)

**DECLINE OF SERVICES-** I acknowledge that my child and I have been offered SAP services, but at this time I *decline the services*. I understand the SAP services can be accessed at any time during the school year.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Caron Counseling Services  
Group Participation Consent Form**

My child has my permission to participate in a small group which will be offered through the Caron Counseling Services at Antietam Middle-Senior High School in partnership with Antietam's SAP services.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## PARENT / GUARDIAN CHECKLIST

Parents play a vital role in the student assistance process. Please take some time to complete those portions of the questionnaire below you feel comfortable answering. This information, along with other school data, will be used to create an overall profile of your child. Together, we can then determine how best to proceed. If you have any questions or need help in the completion of this form, feel free to call 610-779-3545.

1. What are your concerns for your child that may be a barrier to his/her learning or growth?

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2. What statements does your child make about his/her school experience?

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3. What assistance has the school already provided that you feel was successful?

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4. What additional school assistance do you feel is needed?

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5. Please explain any health problems your child has that may impact on his/her school performance.

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6. Please identify any family stressors which may have an impact on your child's school performance (newborn, death in family, recent move, job loss, new member of the household, separation/divorce, etc.)

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7. What are your child's strengths?

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8. Please review the list below and check all that apply:

Dropping out of activities	
Changes in hangouts	
Open hostility/outbursts	
Stealing	
Fatigue/constantly tired	
Change in sleep pattern	
Frequent cold-like symptoms	
Easily influenced by others	
Giving away prized possessions	
Has or expresses a desire to run away	
Refuses to follow house rules	
Unexplained physical injuries	
Callers for your child who refuse to identify themselves	

Refusing to go to school	
Wanting to drop out of school	
Change in friends	
Always going nowhere special	
Withdrawn from family	
Unexplained money/items	
Personality changes	
Change in eating habits	
Smells of alcohol or marijuana	
Older/younger social group	
Expresses desire to die	
Dramatic mood swings	
Expresses desire to join someone who has died	
Expresses feelings of hopelessness, worthlessness, or helplessness	

Please return completed form to:

*or mail form to:* Student Assistance Team

Antietam Middle-Senior High School

2310 Cumberland Ave

Reading, PA 19606-1018

☐ Mr. Carvalho   ☐ Mrs. Yourkavitch   ☐ Mr. Ahearn