

Potter County Human Services

Commissioners
Nancy J. Grupp, Chair
Paul W. Heimel
Barry Hayman

James G. Kockler
Administrator



62 North Street
P. O. Box 241
Roulette, PA 16746-0241

Telephone 814-544-7315
Toll Free 800-800-2560
Fax 814-544-9062
www.pottercountyhumansvcs.org

Student's Name: _____

Grade: _____

Student's Date of Birth: _____

_____ I give permission for my son/daughter to participate in a confidential screening conducted by the SAP Liaison during school hours at my child's school building. I understand that this screening is conducted as part of the SAP process and the recommendations will be shared with the SAP Team. It will allow the SAP team to make appropriate referrals and necessary linkages to in-school and out of school supports for my child. This information will also be shared with me. I have the right to request to review the screening tool that will be used with my child.

_____ I do not give permission for my son/daughter to participate in a screening conducted by the SAP Liaison. I understand that should I change my mind, I can contact anyone on the SAP Team.

Parent/Guardian Signature: _____

Date: _____

Mailing Address: _____

Phone Number: _____

July 2021