



Date Received by TCV:

\_\_\_\_\_

**TCV Community Services SAP Screening Permission Form**

TO: (School) \_\_\_\_\_  
Parent (or Guardian) \_\_\_\_\_  
Parent/Guardian Home Address \_\_\_\_\_  
Parent/Guardian Phone Number \_\_\_\_\_  
Parent/Guardian Email Address: \_\_\_\_\_

RE: Student \_\_\_\_\_ Sex M/F/O \_\_\_\_\_  
Date of Birth (Student): \_\_\_\_\_ Race \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_, hereby request and

authorize **West Mifflin School District** and **TCV Community Services** to release and exchange the following information with regard to my child, \_\_\_\_\_

for the purpose of conducting a behavioral health screening and/or report.

**This consent will automatically expire one month after the end of the present 2021/2022 school year.**

**Information to be released between school and TCV Community Services:**

- Academic/Attendance/Suspension/Detention Records
- Summary of Behavioral Health screening/Education Summary/Follow-up observation
- Shared Verbal information by school/other needs as reported by student

I understand that by law, I need not consent to the release of this information; however, I choose to do so willingly and voluntarily for the purpose specified above. I understand that my records are protected under the applicable state law governing health care information that relates to mental health services and under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFT Part 2 and cannot be disclosed without my written consent unless otherwise provided for in State and Federal regulations. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it.

\_\_\_\_\_  
Student Signature  
Date:

X \_\_\_\_\_  
Parent/Guardian Signature or  
Empowered Other only when applicable  
Date:

\_\_\_\_\_  
Witness (School Personnel)  
Date:

\_\_\_\_\_  
Witness (Agency Personnel)  
Date

**Reason for SAP Referral (IMPORTANT!!):**

**Academics:**

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**Behavior:**

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**Other concerns:**

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SAP Permission to Screen Form 2022-23

Please email the completed information to a SAP team member. The team member will then forward the information to Turtle Creek Valley Community Services. TCV will then contact you by phone for a date to screen your child. If your child received services over the summer from TCV or Family Behavioral Resources, there is no need to be evaluated again.

Child's Name:

Parent/ Guardian Name:

Phone Number:

Address:

Email:

Insurance Name:

Insurance Provider ID#:

Insurance Group ID#:

Child's Date of Birth:

Race:

Did your child receive services over the summer, and are still connected?

Does your child receive special education services?

\*\*\* If yes to receiving special education services, who is the child's case manager at school?

Thank you,

WMAHS SAP Team