

WASHS SAP STUDENT INTERVIEW FORM

Student Information / Fact Sheet

Student Name: _____ Student SAP ID#: _____

Date of Birth: _____ Age/Grade: _____ Gender: M F Ethnicity: _____

Parent(s)/Guardian(s): _____ Home Phone #: _____

Address: _____ Work/Cell Phone #: _____

City/State/Zip: _____ Email Address: _____

Parent(s)/Guardian(s): _____ Home Phone #: _____

Address: _____ Work/Cell Phone #: _____

City/State/Zip: _____ Email Address: _____

Referral Date: _____ Referral Source: _____ Reason: _____

Permission Date: _____ 1st Session Date: _____

Other Sessions Dates: _____

Parent/Guardian Contact: _____

Assets/Strengths/Interests Summary: _____

Primary Concern: _____ Secondary Concern: _____

Recommendations: _____ Date Shared w/ SAP Team: _____

Outcome/follow-up: _____

Description of Services and Permissions

The Student Assistance Program (SAP) is a school based intervention program that identifies students who are having school-related problems because of drug & alcohol and/or mental health concerns. After the team receives a referral, they collect information from school staff and faculty that have contact with the student. Parents will be consulted concerning the referral, and a voluntary interview may be conducted with the student. After all the information has been gathered, the team will make a recommendation and continue to support the student and his/her family. One of the supports offered by the SAP team may be meeting with the Student Assistance Program liaison once parental permission is obtained to do so.

- I understand that participation in this interview and/or in any future sessions with this Student Assistance Program liaison is voluntary.

Student's Initials

- I understand that all detailed and specific information discussed with the SAP liaison will be kept confidential except reports of abuse, intention to harm to myself or others, and sexual contact with a minor.

Student's Initials

- I authorize Healthy Communities Partnership of Greater Franklin County to exchange the following information. Specific information will not be shared and is confidential.

☐ General impressions

☐ Recommendations

☐ Other: _____

Student's Initials

Date

Exchange Information with:

☐ Parent(s)/Guardian(s): _____

☐ SAP Team

☐ Other: _____

Student's Initials

Date

☐ Other: _____

Student's Initials

Date

☐ Other: _____

Student's Initials

Date

Signature of Student

Date

Printed Student Name



Bringing passionate people together to advance the health and well-being of Franklin County residents.

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