






# HUMAN SERVICES ADMINISTRATION ORGANIZATION


2801 CUSTER AVENUE  
PITTSBURGH, PA 15227

We are writing to inform you that a confidential screening is being offered to your child. This screening would be completed by an HSAO SAP Liaison and will take place during school hours, either face-to-face, or virtually depending on the students' academic program for that school year.

 ALL INFORMATION IS STRICTLY CONFIDENTIAL. HSAO follows all HIPAA regulations regarding confidentiality. Questions concerning the school district's confidentiality policies and any impact the screening will have on your child's student records should be addressed to the school.

 You will be notified by HSAO regarding any recommendations resulting from the screening.

 Your participation and input in the process is valued.

 It must be noted that **ANY** report of suicidal intent, threat to physically harm themselves or others, and reports of suspected child abuse **DO NOT** require consent in order to share information with the proper authorities.

Please note, your written permission is necessary for the SAP screening to take place. If you could please complete the bottom portion of this form and return it to your school. If you do not want your child to be screened, please check the appropriate box below.

I, \_\_\_\_\_ (print name)

Give my permission

DO NOT Give my permission

for HSAO to conduct a screening of my child, \_\_\_\_\_ (Print student name), for the purpose of offering a consultation & recommendation of services that may be of some assistance to my child.

Best Phone # \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ School Building: \_\_\_\_\_

Please select the types of technology that are accessible in the home:

Phone Cell     Phone     Tablet     Laptop     Computer     None

Please select the type of educational placement your child will be enrolled in:

In- Person     Virtual     Hybrid (In-person and Virtual)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Student 14 years or older)