2014-15 HS Hope Parent Permission Form

Date: ________________________  Student: ________________________

Your child has been referred to Radnor High School’s Student Assistance Program (HS Hope). The HS Hope team consists of Administrators, Guidance Counselors, School Psychologists, School Nurse, Social Worker, and selected Teachers. All team members have been trained and are SAP certified. All team members are required to maintain confidentiality throughout the process.

Students may be referred to HS Hope for a variety of reasons including the following:

- Emotional concerns
- Drug and alcohol concerns
- Attendance
- Behavioral concerns
- Discipline or policy violations
- Academic concerns
- Medical concerns

Once permission is obtained, the HS Hope team will gather data regarding your child’s functioning within the building to better understand the referral. In addition, parental feedback is an important part of this process and we value your participation.

By signing permission, you are allowing the team to review your child’s referral and discuss appropriate interventions. Interventions may include one or more of the following:

- Mental Health Assessment
- Drug and Alcohol Assessment
- Social Work Referral
- Other School Based Interventions (e.g. meeting with guidance counselor, disciplinarian, nurse, add academic supports, additional school testing)

Our goal is to work with you and to offer support and recommendations for your son/daughter. Where barriers to your child’s academic success are beyond the scope of the school, the team can provide information so families may access community resources.

______________________________
Parent Signature  Date
Note: This information checklist is provided to parents of all students referred for evaluation. The purpose of this form is to help further define factors that may be impacting your student’s performance in school. All information shared is retained in a confidential file.

Student Name: ___________________________  Parent/Guardian Names: ________________________

**Strengths/Resiliency Factors**
- Exhibits willingness to try new things
- Exhibits leadership skills
- Exhibits problem-solving skills
- Exhibits self-control
- Forms & maintains positive relationships
- Is honest
- Is creative
- Can accept consequences
- Strives to achieve his/her best & perseveres
- Able to work independently
- Is considerate of others
- Is cooperative
- Follows rules & directions
- Displays a sense of humor
- Is flexible; can adjust to changes
- Displays insight/understanding of others

**Academic Concerns:**
- Negative attitude toward school
- Decline in school performance
- Difficulty completing homework
- Difficulty with organization
- Inattentive, lacks focus & concentration
- Finds one or more subjects challenging:
  - ____________________________________________________________________________
  - ____________________________________________________________________________
  - ____________________________________________________________________________
  - Other: _______________________________________________________________________

**Emotional Concerns:**
- Tearful often; cries easily
- Often seems sad
- Often appears anxious or worried
- Loses temper easily
- Gives up, is easily frustrated
- Is unsure of self; appears to have low self esteem
- Displays extreme mood swings
- Is often irritable and easily annoyed
- Other: _______________________________________________________________________

**Behavior Concerns:**
- Doesn’t take responsibility for own actions
- Difficulty accepting consequences
- Makes poor choices & decisions
- Demonstrates poor self-control
- Can be verbally abusive
- Can be physically aggressive
- Uses obscene language/gestures
- Demonstrates sudden changes in behavior
- Displays obsessive and/or compulsive behaviors
- Other: _______________________________________________________________________

**Physical Concerns:**
- Recent change in physical appearance
- Poor hygiene
- Frequently expresses concern re: personal health
- Often fatigued/change in sleep patterns
- Appears disoriented
- Unexplained physical injuries
- Food issues: __________________________________________________________________
- Other: _______________________________________________________________________

**Home/School/Family Concerns:**
- Recent parent divorce or separation
- Refusal to attend school
- Conflicts with siblings and/or parents
- Foster care or other placement outside home
- Recent loss of loved one—specify: ____________
- Other: _______________________________________________________________________

**Social Concerns:**
- His difficulty maintaining friendships
- Overreacts to minor events/problems
- Disrespects property of others
- Tends to be a loner or is withdrawn
- Lacks age-appropriate social skills
- Prefers adult interaction to peer interaction
- Expresses strong prejudice against others
- Lies
- Steals
- Other: _______________________________________________________________________

**Crisis Indicators:**
- Suicide threat or gesture
- Self abuse/self harm
- Threatens others’ health/well-being
- Other: _______________________________________________________________________

Please include additional information that will help us in knowing your student better on the reverse side of this form.