



JURUPA UNIFIED SCHOOL DISTRICT

Parent Involvement & Community Outreach

Student Assistance Program (SAP)

Supporting social, emotional, and behavioral gateways to learning...and life!

SAP Counselor Group Referral Form

Your students may benefit from participation in group counseling sessions through the Student Assistance Program. The voluntary program is available to offer supportive services to students experiencing academic, behavioral, and/or emotional difficulties. The counseling sessions occur approximately one or two times per week & last between 30-60 minutes. Please email referral to behavioral_health@jUSD.k12.ca.us

Group availability is based on Staff availability

Groups offered (select one)

Grades 1-6		Grades 7-12	
<p><u>Social Skills (derived from Skills Streaming)</u></p> <input type="checkbox"/> Classroom Survival Skills <input type="checkbox"/> Friendship-Making Skills <input type="checkbox"/> Skills for Dealing with Feelings <input type="checkbox"/> Skill Alternatives to Aggression <input type="checkbox"/> Skills for Dealing with Stress	<input type="checkbox"/> Trauma / CBITS (grades 6) (Requires screenings) <input type="checkbox"/> Grief and Loss <input type="checkbox"/> Bullying <input type="checkbox"/> Ophelia Project (Girls relational aggression) <input type="checkbox"/> Self-Esteem <input type="checkbox"/> GATE student Support Group	<p><u>Skills Groups</u></p> <input type="checkbox"/> Skills for Dealing with Stress and Anxiety (Stress Management) <input type="checkbox"/> Skills for Dealing with Anger (Anger Management)	<p><u>Social & Emotional Wellness Groups</u></p> <input type="checkbox"/> Trauma / CBITS (grade 9) (Requires screenings) <input type="checkbox"/> Grief and Loss <input type="checkbox"/> Seeking Safety (Substance Abuse)

***GROUPS NEED AT LEAST 6 STUDENTS TO FORM, PLEASE SUBMIT ALL NAMES BELOW**

*Students in elementary grades shall not span more than two grade level difference.

Name	Teacher	School Site	Grade

*Desired time frame for group: _____

Services will be provided by SAP Counselors who are Interns with JUSD: Parent Involvement & Community Outreach (P.I.C.O.) within the Jurupa Unified School District. SAP Counselors work under the direction of the District Student Assistance Program Director and in collaboration with the school administration and staff. All work is performed within the limits of professional and ethical standards and adheres to the California Education Code, Board Policy, and the SAP Confidentiality Policy.

***Student parent/guardians have been verbally informed and referral for students has been agreed upon by the parent/guardians.**

Signature of staff making referral

Staff- Print Name

Date



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SAP Counselor Group Participation Consent

Your child may benefit from participation in group counseling sessions through the Student Assistance Program (SAP). The voluntary program is available to offer supportive services to students experiencing academic, behavioral, and/or emotional difficulties.

By Signing this consent, you are providing permission for your student to participate in the following group:

(WRITE IN NAME OF GROUP)

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Please initial one:

_____ I give consent for _____ to participate in group counseling through the Student Assistance Program. I understand that participation may include observation, clinical assessments, counseling, and the development of program plan.

OR

_____ I do not give permission for _____ to participate in group counseling through the Student Assistance Program.

Student Signature (if self-consent) Print Name Date

Parent/Guardian Signature Print Name Date

Relationship to Pupil-Please circle which one applies:

Parent Guardian Court-Appointed Representative (written proof required)

This authorization shall remain in place for one year from the date of signature unless revoked in writing by the student's parent or guardian.



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SAP Consentimiento para Participación de Consejería Grupal

Su hijo puede beneficiarse de la participación en sesiones de asesoramiento grupal a través del Programa de Asistencia Estudiantil (SAP). El programa voluntario ofrece servicios de apoyo a los estudiantes que experimentan dificultades académicas, de comportamiento y/o emocionales.

Al firmar este consentimiento, esta dando permiso para que su estudiante participe en el siguiente grupo.

(ESCRIBA EL NOMBRE DEL GRUPO)

Los servicios serán provistos por consejeros de SAP que son pasantes con JUSD: Involucración de Padres y Alcance Comunitario (P.I.C.O.) dentro del Distrito Escolar Unificado de Jurupa, los consejeros de SAP trabajan bajo la dirección del Supervisor Clínico de Salud Conductual y en colaboración con el director y el personal de la escuela. Todo el trabajo se realiza dentro de los límites de los estándares profesionales y éticos y se adhiere al Código de Educación de California, la Póliza de la Junta Directiva, y la Póliza de Confidencialidad de SAP, que se incorpora aquí como referencia. Los Padres/o Tutores son parte vital del equipo, y valoramos su participación en este proceso.

Por favor, ponga su inicial a su respuesta:

_____ Doy mi consentimiento a _____ para participar en el asesoramiento grupal a través del Programa de Asistencia Estudiantil. Entiendo que la participación puede incluir observación, evaluaciones clínicas, asesoramiento y el desarrollo de plan del programa.

O

_____ No doy permiso a _____ para participar en el asesoramiento grupal a través del Programa de Asistencia Estudiantil.

Firma del Estudiante
(si es consentimiento propio)

Nombre

Fecha

Firma del Padre/Tutor

Nombre

Fecha

Relación con el alumno: circule cual se aplica

Padre

Tutor

Representante Designado por el Tribunal (prueba escrita requerida)

Esta autorización permanecerá vigente durante un año a partir de la fecha de firma a menos que el padre o tutor del alumno la revoque por escrito.