



Mrs. Rebecca Kelley
Assistant to the Superintendent

Dr. Kenneth Berlin
Superintendent

Dr. Lisa Jablonski
Director of Special Education

Dear Parent(s)/Guardian(s)

Your child has been referred to the Wattsburg Area School District Student Assistance Program (SAP). This voluntary program is available to offer supportive services to students experiencing academic, behavioral, and/or emotional difficulties that may pose barriers to school success.

Students can be referred to SAP by parents/guardians, school personnel, peers, or can self-refer. The SAP team includes specially trained teachers, administrators, school counselor(s), a mental health liaison, and a drug & alcohol liaison, among other staff. The mental health liaison for the Wattsburg Area School District is Sherry Beckwith. The team's drug & alcohol liaison is a representative through Pyramid Healthcare. The team gathers information in order to help students succeed in school.

Parent/guardian permission is required to begin the SAP process. You are a vital part of the team. Our goal is to work with you, as the parent/guardian, and to offer support and recommendations for your child. When barriers are beyond the scope of the school, the team can provide information so families may access community resources. A team member is ready to talk with you about the referral and obtain additional information about your child. With your permission, our SAP Team will initiate the SAP process which includes meeting with your child.

Please complete the included permission form(s) as they apply to your child and return them as soon as possible. We would also like your help and input in gathering information. Enclosed, please find a Parent Checklist Input Form to be completed and returned with the parent permission form(s). If there are any concerns, strengths, or family issues that you feel influence your child's behavior and/or academics, or changes in behavior you may have noticed, please provide that information on the forms.

If you have any questions about SAP, please call Sherry Beckwith at 814-824-3400 extension 4551.

Sincerely,

The Student Assistance Program (SAP) Team



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Student Assistance Program (SAP)

Parent Permission Form

Date: _____

Student: _____

Grade: _____

Dear Parent/Guardian:

The Student Assistance Program (SAP) Team at _____ seeks your permission to provide one or more of the following services to your son/daughter, _____.

Please understand that your signature indicates that you are giving the SAP TEAM MEMBERS permission to discuss your child. The purpose is to develop a plan for interventions before referring to the Mental Health or the Drug/Alcohol part of the program. Please sign below if you agree to have your son/daughter participate in the SAP program and identify what level of service(s) you would like your child to receive.

(Please check all services you would like your child to received):

I consent to SAP level ONLY- (REQUIRED) SAP Team members meet to brainstorm supports/solutions.

Assessment by the SAP Mental Health Specialist to explore need for additional supports.

Assessment by a Drug and Alcohol (D/A) counselor from Pyramid Healthcare.

I do not wish to have my child involved with the Student Assistance Program.

These services will be provided at school during school hours, and the services are free of charge. The counselor providing the service/assessment will be in contact with you regarding updates and information.

Signature of Parent or Guardian: _____ Date: _____

Parent/Guardian Address _____

Parent/Guardian Telephone Number: (Home) _____ (Cell) _____

If you have any questions related to this request, please contact the appropriate guidance office.

Wattsburg Area Elementary 814-824-4141

Wattsburg Area Middle School 814-824-4153

Seneca High School 814-824-4153



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Student Assistance Program (SAP)
PARENT CHECKLIST INPUT FORM

As you are aware, your child has been referred to the SAP Team. The student assistance process is designed to assist parents in helping their child reach their learning potential. The information obtained through this process as well as other school data will be used to help determine the best way to assist your child to be more successful.

It is important to identify the strengths and positive behaviors that your child demonstrates. These can be beneficial in the development of a plan to promote his/her success at school. Please complete the following information regarding your child.

Student Name _____ **Date** _____

Parent/Guardian Name _____ **Relationship to Student** _____

Strengths

Please mark all that you believe apply to your child.

- ☐ Is able to work independently
- ☐ Works well in a group
- ☐ Demonstrates desire/commitment to learn
- ☐ Demonstrates good logic/reasoning and decision-making
- ☐ Exhibits leadership
- ☐ Is creative
- ☐ Accepts re-direction/criticism easily
- ☐ Is considerate of others
- ☐ Good communication skills
- ☐ Cooperative
- ☐ Seems to value family support
- ☐ Possesses good interpersonal skills
- ☐ Cooperative
- ☐ Demonstrates constructive use of time
- ☐ Helps others
- ☐ Strives to achieve his/her best
- ☐ Is connected to and likes school
- ☐ Displays positive values (responsibility, honesty, equality, caring)
- ☐ Recognizes and respects appropriate boundaries & expectations
- ☐ Participates in extra-curricular activities

Other: _____

Positive Traits at Home

Please mark all that describe your child's behavior at home.

- ☐ Usually complies with family rules, curfews, routines, etc.
- ☐ Assists with household chores
- ☐ Participates in family activities, meals, etc.
- ☐ Shows care about appearance, health, etc.
- ☐ Demonstrates pride in self and possessions, keeps room reasonably neat
- ☐ Behavior is appropriate with peers and siblings
- ☐ Usually respectful toward parent(s)/caregiver(s), siblings and others
- ☐ Able to transition smoothly between activities

Other: _____

Listed below are several questions that will help us get to know your child better and be better able to help him/her to be more successful in school. Please take a few minutes to answer these questions.

Other schools your child has attended _____

Who lives in your household? _____

Describe any recent changes at home that may be interfering with academic or behavioral progress:

What does your child tell you about school? _____

Is your child receiving treatment from a physician or agency? Yes ☐ No ☐

If yes, please explain _____

Has your child had any outside evaluations for cognitive, emotional, or social reasons? Yes ☐ No ☐

If yes, please explain _____

What are your child's personal interests? _____

Do you have concerns about....

Your child's academic progress? Yes ☐ No ☐

Your child's behavior in the home? Yes ☐ No ☐

Your child's relationship(s) with their peers? Yes ☐ No ☐

Your child's emotional well-being? Yes ☐ No ☐

Any other information you would like to share about your child?

Parent Signature _____

Date _____

Please return as soon as possible. Thank you for your cooperation.

Notification of Rights under FERPA

PARENT-PLEASE KEEP THIS DOCUMENT

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records.

These rights are:

- (1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access.

Parents or eligible students should submit to the school principal (or appropriate school official) a written request that identifies the records(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

- (2) -The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate.

Parents or eligible students may ask the School to amend a record that they believe is inaccurate. They should write the School principal (or appropriate school official), clearly identify the part of the record they want changed, and specify why it is inaccurate. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

- (3) The right to consent to disclosures of personally identifiable information contained in the student's education records except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate education interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

- (4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School District to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901