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Mr. Kenneth Berlin
 Superintendent

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 Director of Special Education

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 and give your permission for your son/daughter to take part in the following SAP services:

1. _____ Assessment by the SAP Mental Health Specialist.
2. _____ Assessment by a Drug and Alcohol (D/A) counselor from Pyramid Healthcare.
3. _____ Educational/Supportive Group Sessions regarding Social Skills and/or Anger Management.
4. _____ 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 Telephone Number: (Home) _____ (Cell) _____

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

Seneca High School 814-824-3400

Wattsburg Area Middle School 814-824-4153

Wattsburg Area Elementary Center 814-824-4141

Please understand that at this time, the SAP services will be provided in person during the Green Phase, online and some in- person assessments during the Yellow Phase, and all online during the Red Phase.

SAP is not an emergency service, and if a parent/ guardian believes that their child is in an emergency situation then call 911 or Crisis services at 456-2014.