



Dr. Therese T. Walter Education Center
11771 Edinboro Road
Edinboro, PA 16412
Phone: (814) 273-1033 ext. 5900
Fax: (814) 273-1030
Matthew Lane, Ed.D., Superintendent of Schools
William M. Fendya, Business Manager

Dear Parent/Guardian(s),

At General McLane School District, The Student Assistance Program (SAP) team is made up of teachers, counselors, school nurse, and administrators. Our primary function is to address referrals regarding students who appear to be experiencing some difficulty here at school. Referrals can be made by students, teachers, administrators, or parents. **A referral does not indicate that a definite problem exists, but rather that there is a concern.**

We are asking for your signed permission to continue the SAP process to determine if there is a reason for additional intervention. As part of the Student Support process, a behavioral health screening will be administered. Following our meeting, the SAP team will either:

- 1) Determine that a reason for concern **does not** exist and continue no further, or
- 2) Determine that a reason for concern **does** exist and continue with the process in trying to identify who might best help your student become successful.

A student may ultimately be referred to an agency who provides a counselor (Behavioral Health or Drug & Alcohol) in our school. That counselor's purpose is to meet with the student and make further recommendations. Some possible outcomes:

- 1) End the SAP process.
- 2) Involve additional counseling from an outside source.
- 3) Encourage participation in a school-based group. (Parent signature below provides permission)

At all phases of the process, we encourage your participation. All decisions concerning continuation of the process and/or counseling will be totally up to you and your student. The signed permission allows the release of information to the SAP liaisons from all staff of General McLane School District, including but not limited to school counselors, teachers, and school nurses. Permission also allows for conferences and group participation.

Please respond as soon as possible with your decision regarding your student's participation in this process. Complete and return the bottom portion of this document. If you have any questions, concerns, or comments, please call the school at (814) 273-1033 to speak to the school's SAP Coordinator.

Sincerely,

SAP Team

REPLY FOR REQUEST TO PARTICIPATE IN SAP PROCESS

Student's Name: _____ **Date:** _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

CHECK ONE: I grant permission I do not grant permission