Your child, ___________________________________________ has been referred to the Park Forest Middle School Student Assistance Program.

The State College Area School District offers a Student Assistance Program at the secondary school level to provide support and services to its students having academic, behavioral, and/or emotional difficulties that interfere with his/her ability to function effectively within the school setting.

The SAP team is composed of several teachers, administrators, school counselors and a mental health/drug & alcohol consultant from a community agency. School personnel, parents, peers or the student themselves can refer students to the SAP program.

The SAP team discusses what it can offer to the student and his/her family in order to initiate some changes. The recommendations may include in-school services and/or out-of-school services if the need is beyond the scope of the school.

The SAP team realizes the importance of parental involvement in the helping process. Therefore, a team member has contacted or will be contacting you to discuss the referral and to gather additional information about your child. The purpose of gathering this information is for the team to understand the scope of the student’s concerns in order to best serve his/her needs.

__I give my permission for my child, ___________________________ to be involved with the SAP team to develop an action plan to best meet their needs.

__I deny permission for my child, ___________________________ to be involved with the SAP team to develop an action plan to best meet their needs.

Parent Signature __________________________________________________________________________

Date___________

Phone __________________________