



North Schuylkill Elementary Student Assistance Program

Parent/Guardian Consent

Date: _____

Dear Parent/Guardian,

Your child, _____, has been referred to the North Schuylkill Elementary 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 the SAP by parents/guardians, school personnel, peer or self-referrals. The SAP team is comprised of specially trained teachers, administrators, school counselors and a mental health and/or drug & alcohol consultant(s). Our school team members are: Jamie Damiter, BI, Chris Glessner, Dean, Janel Hansbury, MS, Ed., Assistant Principal, Michelle Hull, MS, NCSC, MS, Ed., School Counselor, Angel Kempsey, MS, Ed., 1st Grade Teacher, Val Malukas, MS, School Psychologist, Nancy Nestor, BS, Ed., Megan Rollenhagen, LSW, HSV, School Social Worker, Lisa Trask, RN, School Nurse, Missy Whitaker, MS, Ed., Principal, and a representative from our community and school based behavioral health program (CSBBH). Our mental health and/or drug & alcohol or behavioral health consultant(s) are: Carolyn Fishburn, LSW, SAP Liason. Our goal is to work with you and to offer support and recommendations for your son/daughter. Where barriers are beyond the scope of the school, the team can provide information so families may access community resources.

You are a vital part of the team and the SAP team values the importance of parent/guardian involvement in this process. A team member is ready to talk with you about the referral and obtain information about your child. With your permission, our Student Assistance Team will initiate the SAP process which includes meeting with your son/daughter.

Please complete the bottom portion of this letter and return to Mrs. Hull. If you have any questions about the Student Assistance Program, please call Michelle Hull, SAP team member, at 570-874-3661 X3019. Thank you for being part of our team.

_____ I give permission to proceed with the student assistance process and for a member of the SAP team to interview my child, _____.

_____ I do not give permission to proceed with the Student Assistance Program.

Parent(s)/Guardian (printed) _____

Parent(s)/Guardian Signature: _____ Date: _____
phone _____