

Dear:

Your child _____, has been referred to the Sayre School District Student Assistance Program (SAP). This program provides various confidential support services designed to meet your child's academic, health professionals will assess your child's needs and offer to you appropriate recommendations for in-school and/or out-of-school services. Please assist us in aiding your child by signing the consent form below. By signing this consent form I understand that my child will have either a Drug & Alcohol or Mental Health Assessment. After the assessment/evaluation is completed recommendation will be shared with the child, parent, and SAP Team.

STUDENT'S NAME _____ Grade _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

Signature of parent/ guardian

Signature of Student

Date

Parents Comments:

Students Assistance Team Members:

Samuel G. Cessna – Principal

Mary Cole – Teacher

Michelle Fabbri – Teacher

Daniel Polinski – Assistant Principal

Stacy Richmond – Guidance Counselor

Judy Schrader – School Nurse

Julie Stroke – NTC Mental Health/D&A

Pleas return this form as soon as possible in the enclosed envelope.