

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:

Dayton Handrick – Principal  
Daniel Polinski – Assistant Principal  
Mary Cole – Teacher  
Michelle Jennings – Teacher

Stacy Richmond – School Counselor  
Judy Schrader – School Nurse  
Lori Radney – Drug/Alcohol Liason  
Lisa Brunk – Mental Health Liason

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