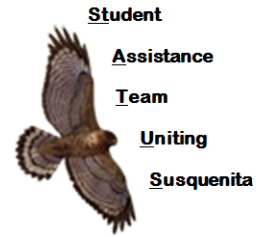


# SUSQUENITA HIGH SCHOOL STUDENT ASSISTANCE PROGRAM



## PERMISSION FOR STUDENT TO PARTICIPATE IN THE STUDENT ASSISTANCE PROGRAM

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,  
*Guardian Name* *Student Name*  
grade, \_\_\_\_\_, to participate in the following activities:

***Please check the boxes below if you are giving permission.***

Participate in the Student Assistance Program (SAP)-this program's purpose is to identify and assist students who are experiencing barriers to learning. The SAP team is made up of trained school and agency staff. SAP is NOT a treatment program; rather, its objective is to identify at-risk students who may then be referred to in-school supports or community resources.

Meet with a Teenline Counselor if recommended by the SAP team. Teenline is a service of Holy Spirit (Geisinger) Health System. The Teenline Counselor will conduct a mental health assessment to determine recommendations for further support services. This Counselor does NOT provide treatment. I permit the SAP team to release relevant information from his/her school records for the purpose of assessment. All information will be maintained in the strictest confidence.

Meet with a Perry Human Services Counselor if recommended by the SAP team. The Perry Human Services Counselor will conduct a drug and alcohol assessment to determine recommendations for further support serves. This Counselor does NOT provide treatment. I permit the SAP team to release relevant information from his/her school records for the purpose of assessment. All information will be maintained in the strictest confidence.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian\***

*\*Must be signature of the parent/guardian who has primary physical/custodial care.*

~~~~~  
I would like to participate in the Student Assistance Program. I have been advised that this program is voluntary and information obtained is confidential.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Student**

### Participating Team Members:

**Mrs. M. Black**

**Ms. E. Cliber**

**Mrs. J. Drake**

**Mrs. B. Herbster (Teen Line)**

**Mrs. M. Hewlett**

**Mrs. K. Kisner**

**Mrs. L. Miller**

**Ms. W. Miller (PHS)**

**Mrs. M. Petro**

**Mrs. S. Wevodau**

**Mrs. C. Williams**