



**POTTSTOWN
SCHOOL DISTRICT**

Building a Better Tomorrow

POTTSTOWN HIGH SCHOOL • 750 N. Washington St. • Pottstown, PA 19464
610-970-6700 (main) • 610-970-1363 (fax)
www.pottstownschoools.com

Student Assistance Program

Parent/Guardian Consent

Date: _____

Dear _____:

Your child, _____, has been referred to Pottstown High School's 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, peers, or self-referral. The SAP team is comprised of specially trained teachers, administrators, school counselors, and a mental health and/or drug & alcohol consultant(s). 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 to 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 it by _____. If you have any questions about the Student Assistance Program, please call _____, SAP team member, at _____. Thank you for being a 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 Signature: _____

Date: _____