



**Windber Area School District**

High School/Middle School Office

2301 Graham Avenue

Windber, Pennsylvania 15963

(814) 467-4567

Fax: (814) 467-0677

Dear Parent or Guardian,

On behalf of the Student Assistance Program (SAP), I am requesting your permission to proceed with the Student Assistance process for your child. The Student Assistance Program provides support and intervention services for students who are experiencing problems that may interfere with success at school. The enclosed brochure will further explain our program and process. All information collected will be used for the sole purpose of identifying issues and offering suggestions for in-school services and/or potential interventions through our county liaison services. With your permission, our Student Assistance Team can initiate the SAP process. **Please complete the bottom portion of this letter and return it to the High School Counseling Office.**

Sincerely,

Care Team Member



Parent Permission for the Student Assistance Program

\_\_\_\_\_ I/We grant permission to proceed with the Student Assistance Program.

\_\_\_\_\_ I/We deny permission for the Student Assistance Program.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s) Signature(s)