

Student Assistance Program
PARENT/GUARDIAN CHECKLIST

Greensburg Salem Middle School

As you are aware, your child has been referred to the SAP Team. This student assistance process is designed to assist parents in helping their children to reach their learning potential. The information obtained through this process and other school data will be used to help determine the best way to assist your child to be more successful.

It is important to identify the strengths and positive behaviors that your child demonstrates. These can be beneficial in the development of a plan to promote their success at school. Please complete the following information to help us plan.

Student Name: _____ **Date:** _____

Parent/Guardian Name: _____ **Relationship to student:** _____

STRENGTHS

Please check all that you believe apply to your child.

- Is able to work independently
- Works well in a group
- Demonstrates desire/commitment to learn
- Demonstrates good logic/reasoning and decision making
- Exhibits leadership
- Is creative
- Accepts re-direction/criticism easily
- Is considerate of others
- Good communication skills
- Cooperative
- Seems to value family support
- Possesses good interpersonal skills
- Demonstrates constructive use of time
- Helps others
- Strives to achieve their best
- Is connected to and likes school and staff
- Displays positive values (responsibility, honesty, equality, caring)
- Recognizes and respects appropriate boundaries & expectations
- Participates in extra-curricular activities

Other:

Positive Traits at Home

Please check all that describe your child's behavior at home.

- Usually complies with family rules, curfews, routines, etc.
- Assists with household chores
- Participates in family activities, meals, etc.
- Shows care about appearance, health, etc.
- Demonstrates pride in self and possessions, keeps room reasonably neat
- Behavior is appropriate with peers and siblings
- Usually respectful toward parent(s)/guardian(s)/caregiver(s), siblings, and others
- Able to transition smoothly between activities

Other:

Is there anything that you do at home, that we could try at school, to help your child have more success, be happier, healthier, in school?

Over

Listed below are several questions that will help us get to know your child better and be better able to help them to be more successful in school. Please take a few minutes to answer these questions.

Other schools your child has attended: _____

Who live in your household? _____

Describe any recent changes at home that may be interfering with academic or behavioral progress: _____

What does your child tell you about school? _____

Is your child currently receiving treatment from a physician or agency (circle one)? Yes/No

If yes, please explain: _____

Has your child had any outside evaluations for academic, behavioral, or social reasons (circle): Yes/No

If yes, please explain: _____

What does your child enjoy doing for fun? _____

Do you have concerns about...

Your child's academic progress (circle one)? Yes No

If yes, please explain: _____

Your child's behavior at home (circle one)? Yes No

If yes, please explain: _____

Your child's relationship with their peers (circle one)? Yes No

If yes, please explain: _____

Your child's emotional well-being (circle one)? Yes No

If yes, please explain: _____

Parent/Guardian Signature: _____ **Date:** _____

Please return as soon as possible. Don't hesitate to call Mrs. Nuccetelli, School Counselor, at 724-832-2941 with any questions or information.