



Specializing in Educational Solutions for Lifelong Learners

MAPLE AVENUE CAMPUS
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Dear Parent/Guardian,

Your son/daughter, _____, has been referred to participate in the Student Assistance Program (SAP) at the Maple Avenue Campus. He/she will meet with a professional person involved with the SAP team. This process may include assessment and possibly ongoing services. Please refer to the enclosed brochure, which explains the Student Assistance Program.

The SAP team may need to release pertinent and relevant information from his/her records to appropriate agencies for the purpose of assessment/referral. If you are giving permission for your son/daughter to participate in SAP, please fill in the information below and sign and date where indicated.

Also included with this letter is a parental survey which is designed to gather information on your child from your perspective as a parent. Please return this form and the completed survey in the enclosed self-addressed envelope. Should you have any questions, please feel free to contact the main office.

Thank you,

Student Assistance Program Core Team

_____ I give permission for _____ to participate in the Student Assistance Program.

_____ I do not give permission for _____ to participate in the Student Assistance Program.

Parent signature _____

Date _____

Student Name _____

Grade _____

Student Address _____

Phone _____

Date of Birth _____

Social Security Number _____

Father's Name _____ Mother's Name _____

Guardian's Name (if applicable) _____

Does parent have any form of medical insurance? Yes No

Name of Insurance _____

Insurance I.D. # _____

Insurance Telephone # _____

ACCESS # _____

* SAP participation and information received will remain confidential and not part of the student's permanent record.

Behavior Observation Form Completed by Student's Parent(s)

When we spoke on the phone recently, I explained that your son or daughter has been referred to the Student Assistance Team. The student assistance process is designed to assist parents in helping their son or daughter deal effectively with issues that present barriers to their learning. The information gained through this process and other school data will be used to help determine the best way to help your son or daughter. First, it is important to identify the strengths and positive behaviors your son or daughter displays. These can be very important for helping him or her to overcome problems that may stand in the way of success at school. Please complete the following information regarding your son or daughter.

Student Name: _____ Parent/Guardian Name: _____ Date: _____

Check all that apply in the following categories:

Strengths:

- Able to work independently
- Joins in extra activities at school or in community
- Works well in a group
- Wants to and likes to learn
- Displays good logic/reasoning and decision making
- Is a good leader
- Can accept criticism
- Considerate of others
- Good communication skills
- Cooperative
- Possesses good interpersonal skills
- Displays positive values (responsibility, honesty, equality, caring)
- Follows rules
- Uses time wisely
- Helps others
- Is connected to and likes school and staff
- Strives to achieve their best
- Other: _____

School:

Have you observed any of the following with regard to your son or daughter's school experience?

- Experiencing problems in school
- Recent or rapid drop in grades
- Stopped participating (or showing less interest) in extracurricular activities such as sports, clubs, etc.
- Caught forging notes to his/her teacher or excuses for absences from school
- Have issue getting your child to go to school
- Wants to drop out of school

Positive Traits at Home:

- Generally, complies with family rules, curfews
- Does household chores
- Participates in family activities, meals, etc.
- Cares about appearance, health, etc.
- Takes appropriate pride in self and their possessions, keeps room reasonably neat
- Behavior is appropriate with peers and siblings
- Generally respectful toward parent(s)/caregiver(s) and others
- Other: _____

Personality:

Have you observed any of the following with regard to your son or daughter's personality?

- Noticeable mood swings
- Frequent, extreme highs or lows
- Crying seemingly without explanation
- Appearing very irritable or hostile without reason
- Extremely negative or apathetic attitude
- Spending a lot more time alone, in his/her room
- Exhibiting general loss of energy, motivation, interest or enthusiasm; is increasingly uninterested
- Other changes: _____

Friends/Relationships:

Have you observed any of the following with regard to your son or daughter's friends/relationships?

- Stopped spending time with old friends
- Hanging out with friends you don't know
- Doesn't want you to meet his or her friends
- Friends immediately go to child's room avoiding contact with family members
- Son or daughter receiving many short phone calls
- Son or daughter not where they tell you they are
- Spends less time in family activities
- Is verbally or physically abusive of family members
- Blaming others; refusing to take responsibility for self
- Refuses to follow family rules
- Other: _____

Physical Traits:

Have you observed any of the following with regard to your son or daughter's physical appearance/traits? Unsteady on feet

- Noticeable change in weight
 - Complaining of nausea/stomach ache
 - Glassy/bloodshot eyes
 - Unexplained physical injuries
 - Poor motor skills
 - Frequent cold-like symptoms
 - Smelling of alcohol/marijuana
 - Slurred speech
 - Loss of hair
 - Self-abuse or self-mutilation
 - Doesn't keep self-clean/poor hygiene
 - Preoccupied with personal health issues
 - Fatigue/constantly tired
 - Disoriented
 - Change in sleep habits
 - Headaches
 - Food issues (example: refusal to eat, etc.)
- (please explain) _____
-

Crisis Indicators:

Please check all that you have observed with regard to your son or daughter.

- Has expressed desire to die
- Given away personal possessions
- Has expressed desire to join someone who has died
- Has made suicidal threats/gestures
- Has experienced a recent death of family member or close friend

Legal/Financial:

Is your son or daughter experiencing any of the following legal or financial problems?

- Arrests for drinking/drug use/DUI/possession/other illegal acts
- Curfew violations
- Recently sold personal possessions
- Quit a job or lost a job due to unsatisfactory job performance
- Seems to have more money than job or allowance would provide
- Been caught with drugs and/or alcohol
- Been caught with products associated with drug use/paraphernalia
- Been caught taking things from home or neighbors' homes
- Family members missing money or items from the home (cameras, stereos, watches, TV's, etc.)

What are your concerns for your child that may be a barrier to his or her learning?

What does your child tell you about his or her school experiences?

Would you like to speak directly with a member of the SAP Team?

- Yes No

Student Assistance Program Release of Information

Date: _____

Student Name _____ D.O.B. _____

I hereby authorize _____ (agency/individual) to

(check one): Obtain from Release to Obtain from & Release to _____ (agency/individual).

Address _____

Method of Release (check one): Written Written/Verbal

The information is to be shared for the purpose of facilitating the student's educational program.
The information to be released and/or obtained is (check all that apply):

- _____ Educational Records (Including Special Education documents)
- _____ Behavior Records
- _____ Counseling Records
- _____ Psychiatric Evaluation
- _____ Psychological Evaluation
- _____ Intake/Discharge Summary
- _____ Drug and Alcohol Treatment Summary
- _____ Other (please specify): _____

Please note: (Any information received by the Schuylkill Intermediate Unit will be placed in a file to which parents have access and the capacity to release to a third independent agency. The professional staff of the Schuylkill Intermediate Unit monitors this access. Information will be handled according to the Schuylkill Intermediate Unit Records Policy.)

I may revoke this release at any time except to the extent that the person who is to make the disclosure has already acted on it. Except as noted above, this release will expire one year from now unless revoked earlier in writing. All information released or obtained will be handled confidentially in compliance with the Family Educational Rights and Privacy Act (FERPA).

Parent/Guardian Signature _____ Date _____

Student Signature _____

(14 years or older for mental health records; any age for student's own drug and alcohol records; 18 years or older for educational records)

Age _____ Date _____

Witness Signature _____ Date _____

Student Assistance Program

Student Questionnaire Consent

In order to help the Student Assistance process, I have agreed to allow my child to complete the Student Self-Assessment. I realize the results will be shared with my child and me during a scheduled meeting at the school. The answers to the student questionnaire will also be shared with other members of our Student Assistance Program Team

Signature of Student

Signature of Parent/Guardian

Signature of Administrating Official

Date