



# Mount Union Area School District

Mount Union Junior-Senior High School  
706 North Shaver Street  
Mount Union, PA 17066



Michael Hummel  
Jr./Sr. High Principal  
(814) 542-2518

Fax Number  
Guidance Office (814) 542-8710

TBD  
Jr./Sr. High Assistant Principal  
(814) 542-2518

## SAP Parental/Guardian Permission Form

Dear Parent/Guardian:

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

Your child, \_\_\_\_\_, has been referred to the Student Assistance Program (SAP). Students can be referred to SAP by parents/guardians, school personnel, peers or self-referrals. 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. The following information regarding your child will be discussed with the SAP team: academic records, attendance, discipline, classroom behavioral observations from your child's teachers to determine any in-school and/or community supports that may benefit your child.

Our SAP team members are: Dr. Dianne Thomas & Mike Hummel (Admins), Amanda Easter & Laci Simpson (School Counselors), Lori Varner & Anna Mary Wenzel (School Nurses), Philip Rossi, & Beth Snyder (Special Ed. Teachers), Courtney Aurand, Kaleigh Herring-Dale, Kelly Hicks, Lori Schoupp-Wright, Luke Strawser, & Dawn Shields (Regular Ed. Teachers), and Leroy Carbaugh & Raquel Ernest (Support School Staff). Our mental health and/or drug & alcohol liaisons are: Tammy Snavelly - Mental Health Liaison from Youth Advocate Program and Jacqui Klauss & Jerry Everhart - Drug and Alcohol Liaisons from Mainstream Counseling.

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 obtain information about your child. Our goal is to work with you and to offer support and recommendations for your son/daughter. 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 to a member of the SAP team. Thank you for being part of our team.

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**INITIAL ONE PLEASE**

\_\_\_\_\_ 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: \_\_\_\_\_

(Revised 08/31/2021)

**BOARD**  
Dolly Ranck, President  
Deanna Lee Wagner, Secretary  
(814) 542-8631  
Fax (814) 542-8633

**ADMINISTRATION**  
Dr. Amy Smith, Superintendent  
Carol L. Kauffman, Director of Business Affairs  
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## Student Assistance Program (SAP)

**Note: Due to Covid-19/PDE guidelines – screenings/meetings between students and liaisons may be either in person or virtually depending on school safety precautions in place at the time of referral.**

### INITIAL PLEASE

\_\_\_\_ Drug and Alcohol Screening\*\* Consent, Jacqui Klauss & Jerry Everhart from Mainstream Counseling    \*\*Screenings involve a questionnaire.

\_\_\_\_ Mental Health Screening Consent, Tammy Snavely from YAP

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

Grade: \_\_\_\_\_

Student DOB: \_\_\_\_\_

### INITIAL ONE PLEASE

\_\_\_\_\_ I give permission for my son/daughter to participate in a confidential screening conducted by the SAP Liaison during school hours at my child's school building. I understand that this screening is conducted as part of the SAP process and the recommendations will be shared with the SAP Team. It will allow the SAP team to make appropriate referrals and necessary linkages to in-school and out-of school supports for my child. This information will also be shared with me. I have the right to request to review the screening tool that will be used with my child.

\_\_\_\_\_ I **do not** give permission for my son/daughter to participate in a screening conducted by the SAP Liaison. I understand that if I change my mind, I can contact anyone on the SAP Team.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Revised 08/31/2021)

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