



WALLENPAUPACK AREA MIDDLE SCHOOL

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PRINCIPAL
Christopher Caruso, Ed.D.

ASSISTANT PRINCIPAL
Brett Buselli

COUNSELORS
Cara Jean Dougherty
Nathan Heinly
Lauren Tenbus

Re: _____ **Grade:** _____
(Student Name)

Dear Parent/Guardian:

We request your permission to have the Wallenpaupack Area Middle School **SAP Team** work with your child. The **SAP Team** (Student Assistance Program) is an avenue of support and assistance for students and their families. Our goal is to partner with you to help each student reach his/her highest potential in school. The SAP Team provides a variety of services such as faculty mentors, support groups and peer helpers. We also can facilitate access to other school and community based supports if you are interested.

Our educationally-based support groups cover a variety of topics, all of which include education in coping with stress, decision-making, social skills and problem-solving. Groups are led by trained SAP facilitators who are skilled in providing a safe atmosphere within which students can share their concerns and learn new skills in a confidential setting. We hope you will give permission for your child to participate in a support group if he/she would like to. SAP mentoring support and participation in a Support Group or the Peer Helper Program is **voluntary and confidential**, but we do need parent permission to proceed. We hope you will be willing to partner with us to make this a successful year for your child.

**Please indicate your decision below and then sign, date and return the bottom of this letter to:
SAP Team, Wallenpaupack Middle School Guidance Office. Phone # 226-4557 x3055**

If you have any questions or need further information, please do not hesitate to call us.
We value your suggestions and input and look forward to working with you and your child.

Sincerely,

Wallenpaupack Area Middle School SAP Team

PARENT PERMISSION
Wallenpaupack Area Middle School
Student Assistance Program

Student's Name: _____

___ **Yes: I give permission for my child to receive support from the WAMS SAP Team.**
I also give permission for the following services: ___ Support Groups ___ Yes ___ No
___ Peer Helper

Program ___ Yes ___ No

___ **No: I do not give permission for SAP to work with my child at this time.**

Parent Signature: _____ **Date:** _____

Please Return to the Wallenpaupack Area Middle School Guidance Office