

Mr. Fausey, Principal

Mrs. Varner, Assistant Principal

Mr. Sliski, School Counselor

Ms. Straub, School Counselor Mrs. Ritzman, School Nurse Mr. Cameron, Teacher EAST JUNIATA HIGH SCHOOL

Benjamin D. Fausey, Principal

Dear Parent or Guardian,	
Members. Your child,	he recent communication you had with one of East Juniata High School's Student Assistant Team has been referred to the Student Assistant Team at East Juniata High School. The purpose of (SAP) is to identify and assist students who may be struggling with life issues which are interfering
as Youth Advocate Programs	chers, principals, school counselors, a school nurse and representatives from community agencies, such, who are specially trained to work with students who are referred to the SAP program. All referrals are on is essential, and in order to proceed we must have signed permission from a parent or guardian.
Place indicate your response	below, complete the parent survey on the reverse side of this page, and promptly return this document in
the provided envelope.	octow, complete the parche survey of one of version side of this page, and promptry recurs this document in
me provided envelope.	
If you have further questions	please contact SAP team member or a school counselor at East Juniata High
School.	
	Alexander (the Land State of the State of t
Sincerely,	
enter s	# - \$ - \$ # 5
East Juniata High School	_#~#~~~\%\%\%\\\\\\\\\\\\\\\\\\\\\\\\\\\
Student Assistance Team	
years a service of the service of th	
I give permission for my	child,, to participate in the Student Assistance Program of East Juniata High School. I
permit the Student Assistance	Team to release relevant information from his/her school records for the purpose of assessment. All
Student Assistance information	on will be maintained in confidence.
	Parent Signature/Date
	Parent Signature/Date
	Student Signature/Date
	Station Signature, 2000
I do not give permission f	or my child, , to participate in the Student Assistance Program of East Juniata High
School.	The same street have
	A STATE OF THE STA
	Parent Signature/Date
•	Student Signature/Date
E IHS Student Assistance T	eam memhers:

Phone: (717) 463-2111 • Fax: (717) 463-3268 32944 Rt. 35 • McAlisterville, PA 17049

Mr. Tabb, Drug and Alcohol Liaison, Clear Concepts

Mrs. Imes, Children and Youth Liaison

Mr. Tate, Probation Liaison

Mr. Shehan, Mental Health Liaison, Youth Advocacy Program