

Waynesboro Area Middle School Student Assistance Program (SAP)

Date: _____

Dear _____,

This is a follow-up to our telephone conversation on _____. Your child has been referred to the Student Assistance Program at Waynesboro Area Middle School. We are concerned that _____ may be experiencing some issues that could affect his/her learning and school success. The Student Assistance Program can help you in accessing services within the school community. With your written permission, the SAP liaison from an outside agency can meet with and assess your child at no charge to you. For more information concerning this service, please call Healthy Communities Partnership at (717) 264-1470 and ask for the SAP liaison for Waynesboro Area Middle School.

Thank you for letting us help you with your child's success at school. Please sign below and complete the attached questionnaire so our liaison can get more insight on your child's needs. An envelope has been included for you to use to return this form and the questionnaire.

WAMS SAP Team Member: _____

I give permission for my child, _____, to be involved with the Student Assistance Program at Waynesboro Area Middle School and to talk with the liaison from Healthy Communities Partnership.

Parent/Guardian signature: _____

Date: _____