

HUNTINGDON AREA HIGH SCHOOL

2400 Cassady Avenue, Suite 1 Huntingdon, PA 16652
Phone: (814)643-1080 Fax: (814)643-3800 Website: <http://huntsd.org>

Mr. Travis R. Lee,
Secondary Principal

Mr. Brent A. Stoltzfus,
Assistant Principal

"ALL LEARNERS, ALL FUTURES"

Your child, _____, has been referred to the HAHS Student Assistance Program (SAP).

The Huntingdon Area School District offers the Student Assistance Program at the High School Level provide supportive services to its learners having academic, behavioral and/or emotional difficulties which may interfere with his/her ability to function effectively in school.

The SAP team discusses what it can offer the learner and his/her family in order to help initiate changes. The SAP meetings and recommendations are confidential, and may include in-school and/or out of school services if the needs are beyond the scope of the school.

The SAP team is comprised of school staff as well as community mental health and drug/alcohol agency professionals. Part of the assessment would involve having your child meet with the representatives from the SAP team (which could include agency representatives) to determine areas of need.

Thank you for considering SAP involvement for your child. We hope that you will allow the SAP team to be involved and recommend services in the community which may be of assistance to you and your family.

Sincerely,
Huntingdon Area High School SAP Team

_____ I give permission for my child _____ to be involved with the SAP team process.

_____ I do not give permission for my child _____ to be involved with the SAP team process.

Parent/Guardian Signature

Date

Learner Signature

Date

_____ I am agreeing to have my child assessed. I understand this may include both mental health and drug & alcohol assessments. Please initial