



# Mount Union Area School District

Mount Union Junior-Senior High School

706 North Shaver Street

Mount Union, PA 17066



Chad Mickle  
Senior High Principal  
(814) 542-2518

Fax Number  
Junior High (814) 542-8376  
Senior High (814) 542-5451

L. Hope Palm  
Junior High Principal  
(814) 542-9311

Dear Parent/Guardian:

Your child was referred to the Student Assistance Program (SAP) Team at the Mount Union Area Junior/Senior High School. The SAP Team is a group of professionals dedicated to helping identify and assist students who may be struggling with life issues which are interfering with school performance. The team consists of our nurse, social worker, administrators, teachers, school counselors and representatives from community agencies who have been specially trained to work with students. This help is provided in a completely non-disciplinary way.

This process may include an assessment and/or counseling with representatives from the Youth Advocate Program, Mainstream Counseling and/or our School Social Workers. The purpose of this assessment is to gain information that will aid in helping your child have a more successful school experience. All SAP services are free of charge.

All SAP referrals are confidential and parent permission is required for your child to be involved in the program. If you would like your child to participate in the SAP process, **please sign and return this form to the Guidance Office.**

If you have any questions and/or concerns regarding the SAP, please contact our School Counselor:

- Sarah Haefner at (814) 542-2518 ext. 123
- Kaitlyn Masser at (814) 542-2518 ext. 130

The SAP Team considers parents/guardians to be a valuable part of our team, and we look forward to working with you.

Sincerely,

Mount Union Area Junior/Senior High School  
Student Assistance Program Team

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I give permission for my child (Student Name) \_\_\_\_\_ to participate in and meet with a member of the SAP Team at the Mount Union Area Junior/Senior High School. I permit the SAP Team to release information from my child's school records for the purpose of the assessment. I understand that all SAP information will be maintained in strict confidence.

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

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