



WILSON AREA HIGH SCHOOL
424 WARRIOR LANE
EASTON, PENNSYLVANIA 18042-4680

JOHN MARTUSCELLI, PRINCIPAL
IAN BEITLER ASST PRINCIPAL
HIGH SCHOOL 484-373-6030
MAIN OFFICE FAX 610-258-8831
GUIDANCE 484-373-6040
GUIDANCE FAX 610-258-5075

Dear

Adolescence is normally viewed as a stressful time for teenagers (and for the parents and teachers who are working hard to guide them successfully into young adulthood). In order to help address the special needs of many of our students during this tough developmental period, our school has a **Student Assistance Program (SAP)** which helps students cope with the wide range of issues and responsibilities they must face in their day-to-day lives.

The Northampton County Office of Mental Health funds a program which offers short-term counseling and community referrals to students in our school. These services are provided at our building by Valley Youth House, and there is no charge for the services.

Referrals come from our own school teachers and guidance staff. Goals for these counseling sessions include: increasing communication skills; promoting self-esteem; improving coping skills; and developing effective problem solving techniques.

Please allow us to include your son/daughter _____ in this program by signing the consent form at the bottom of this page and returning it to us as soon as possible. There is also a spot for him/her to sign. Efforts will be made to prevent a disruption to your child's academic schedule; however, there may be times during which the mental health professional's availability occurs when your child is in an academic class. If you have any questions or would like more information, please call at 484-373-6040. Your son/ daughter will not be allowed to receive these services until the consent form has been returned.

It is the policy of Valley Youth House that the information shared during counseling sessions is confidential. Valley Youth House personnel are required by law to inform the proper authorities whenever there is a reason to believe that a child has been abused or neglected, or may be a danger to himself or to others.

Sincerely,

I give permission for _____ to participate in counseling services
(Please print students first and last name)
sponsored by the school's Student Assistance Program and provided by Valley Youth House.

Parent/Guardian Signature

Date

Student Signature

Date

SAP Referral	<input type="checkbox"/>
Other	<input type="checkbox"/>