



# Oswayo Valley Middle/High School

318 S. Oswayo Street ▪ Shinglehouse, PA 16748

Telephone: 814-260-1701 ▪ Fax: 814-697-6375

**Dr. Michele S. Hartzell**  
Superintendent  
mhartzell@oswayo.com

**Mr. Douglas Dickerson**  
Middle/High School Principal  
ddickerson@oswayo.com

**Mrs. Jane Perkins**  
School Counselor  
jperkins@oswayo.com

**Mr. William Howard**  
Director of Activities  
bhoward@oswayo.com

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## Student Assistance Program Parent/Guardian Consent

Date: \_\_\_\_\_

Dear \_\_\_\_\_

Your child, \_\_\_\_\_, has been referred to the \_\_\_\_\_ Student Assistance Program (SAP). This voluntary program is available to offer supportive services to students experiencing academic, behavioral, and/or emotional difficulties that may pose barriers to school success.

Students can be referred to the SAP by parents/guardians, school personnel, peers or self-referrals. The SAP team is comprised of specially trained teachers, administrators, school counselors and a mental health and/or drug & alcohol consultant(s). Our school team members are:

Jane Perkins - school counselor  
Nicole Matthews - school nurse  
Douglas Dickerson - principal  
Monica Williams - ICM - Potter County Human Services  
Amy Metcalf - team member  
Megan Moshier - team member  
Gail McGee - team member  
Kathy Cook - team member  
Regina Tkacik - team member

Our mental health and/or drug & alcohol or behavioral health consultant(s) are:

Ashlee Foil - mental health counselor - Dickinson center  
Nick Goss - drug and alcohol

Our goal is to work with you and to offer support and recommendations for your son/daughter. Where barriers are beyond the scope of the school, the team can provide information so families may access community resources.

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***Mission: "Inspiring, developing, and empowering life-long learners to enrich the world"***

**An Equal Opportunity Employer**



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You are a vital part of the team and the SAP team values the importance of parent/guardian involvement in this process. A team member is ready to talk with you about the referral and obtain information about your child. With your permission, our Student Assistance Team will initiate the SAP process which includes meeting with your son/daughter.

Please complete the bottom portion and return it to the guidance office as soon as possible. If you have any questions about the Student Assistance Program, please call 260-1701. Thank you for being part of our team.

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\_\_\_\_\_ I give permission to proceed with the student assistance process and for a member of the SAP team to interview my child, \_\_\_\_\_.

\_\_\_\_\_ I would like to be present when my child, \_\_\_\_\_, is interviewed.

\_\_\_\_\_ I do not give permission to proceed with the Student Assistance Program.

Parent(s)/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PNSAS August 2017