



Union City Area Middle School Student Assistance Program

105 Concord Street Union City, Pa 16438 Phone: (814) 438-7673 Fax (814) 438-8463

Date: _____

Dear Parent/Guardian,

Your child, _____. has been referred to the Student Assistance Program (SAP). The 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 SAP by parents/guardians, school personnel, peers, and self-referrals. The SAP team is comprised of specially trained teachers, administration, school counselors, and a mental health and/or drug and alcohol consultant(s). Our School team members are:

Adam Shrout- Middle School Principal
Stacey Mulson- Director of Pupil Services
Amy Webber- School Psychologist
Stephanie McNulty- PK-12 Counselor
Joe Anthony- Middle School Counselor

Amanda Tomcho- School Nurse Health Aide
Phil Skindell- Truancy Officer
Lisa Cope- SAP Liaison
Pyramid Healthcare- D & A Counselor

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.

Please complete the bottom portion of this letter and return to school with your son/daughter. If you have any questions about the Student Assistance Program and resources available, please feel free to contact **Stephanie McNulty, the UCASD PK-12 Counselor at 814-438-7673 ext. 5402.**

I give consent for the following.

Please select all the apply:

* _____ To proceed with the Student Assistance Program and for members to discuss my child in the presence of the SAP Team.

* _____ To meet with the UCASD SAP Liaison

* _____ To meet with the Pyramid Counselor

* _____ To meet virtually with the UCASD SAP Liaison either through google meets or zoom when the student is enrolled in UCASD Cyber Academy

* _____ To implement academic interventions and monitor progress

* _____ I do not give permission to proceed with the Student Assistant Program

Parent(s)/Guardian Signature: _____ Date: _____

Best number to contact you at: _____

Email (Required): _____