



WOODLAND HILLS
HIGH SCHOOL

MRS. CANDEE NAGY, Principal
MS. SARAH KIELAR, Assistant Principal
MS. VANESSA JACKSON, Assistant Principal
MR. TERRANCE SMITH, Assistant Principal

WOODLAND HILLS HIGH SCHOOL
2550 Greensburg Pike, Pittsburgh, PA 15221 • 412-244-1100•412-242-2344 (Fax)

**STUDENT ASSISTANCE PROGRAM (SAP)
PARENTAL CONSENT FORM**

Date _____

Dear Parent/Guardian:

Woodland Hills Junior Senior High School has established “safety nets” to help students face difficulties that confront them. One such safety net is the Student Assistance Program (SAP). This program is designed to help students whose behaviors indicate possible concerns. The Team consists of teachers, guidance counselors, home school visitors, building administrators, behavior interventionists, the school psychologist, and the nurse who come together to suggest ways that students and their families may be able to deal with the child’s issues.

We recognize how important you are in your child’s success at school. Furthermore, we value your opinion and invite you to become a part of the planning to help your child become more successful in school. For your child to receive the services provided by the SAP Team, you must complete, sign, date, and return the lower portion of this letter within 2 weeks.

If you have any questions, please call your child’s guidance counselor at 412-244-1100. All information related to your child’s involvement in the SAP process will remain confidential.

Respectfully yours,

Woodland Hills Junior Senior High School Student Assistance Program Team

Ms. Candee Nagy
Ms. Margie Rehm
Ms. Christyn Coles
Ms. Kellie Irwin
Mr. Mark Arnold
Mr. John Danchisko
Mr. William Coles
University of Pittsburgh Violence Prevention

Ms. Stacey Kim
Ms. Tracy Weaver
Ms. Sarah Hart
Ms. Bethany Smith
Mr. Michael Chancey
Mr. Dave Sabina
Ms. Michelle Pascuzzi

Mr. Colin O’Grady
Mr. Jeff Brand
Ms. Janice Walter
Ms. Rhonda Green
Ms. Andrea Kennedy
Mr. Dan Schuller

Please check all statements that apply:

- ___ I give permission for _____ to participate in the SAP process.
- ___ I give permission for _____ to participate in a SAP group related to issues.
- ___ I do not give permission for _____ to participate in the SAP process.
- ___ I give the school Nurse’s permission to share my child’s medical /psychological history with the SAP Team.
- ___ I do not give the school Nurse’s permission to share my child’s medical/psychological history with the SAP Team.

Parent/Guardian Signature

Date

Phone (mandatory)