



Lehman Intermediate School

257 Timberwolf Drive
Dingmans Ferry, PA 18328
Phone (570) 588-4410 / Fax (570) 588-4411

Dr. Robert W. Dilliplane,
Principal

Dr. Joanne M. Bohrman,
Assistant Principal

January 2019

Dear Parent/Guardian:

This school year, in collaboration with local professional counseling representatives, the Lehman Intermediate School *Student Assistance Program (SAP)* is offering 6th, 7th, and 8th grade students the opportunity to participate in a variety of support groups. These groups are an excellent way for students to learn new skills, develop self-confidence, become more aware of how others see them, learn and practice positive behaviors, and better understand how to deal with the many problems that life presents.

Your child has indicated that s/he would like to participate in a support group at Lehman Intermediate School. Sessions run once a week for 6 to 8 weeks, depending on the group. The number of students that can participate in each group varies depending upon the focus of the group. This gives students the opportunity to interact and be involved in the group. Depending on the response from students and the consent of parents, some students may not be included in a support group until later in the school year. Participation in the group is completely voluntary. Students are responsible for any missed work while attending the support group.

To provide your child with this informative and skill building opportunity, a parent or guardian must sign the attached consent form for the student to participate. Please read and discuss the consent form with your child. Your child will then need to return this signed form to her/his homeroom teacher as soon as possible. If you have any questions, concerns, or comments, please call the Lehman SAP team at 570-588-4410. Thank you very much for allowing your child to participate in this worthwhile opportunity.

Sincerely,

Lehman SAP team

The East Stroudsburg Area School District hires only individuals legally authorized to work in the United States and does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in the admission of access to, or in the provision of services, programs or employment.
9/19/07

Lehman Intermediate School

SAP Support Group

Parent Consent Form

Support groups run once a week for approximately 6 to 8 weeks. Students have the opportunity to learn new skills and behaviors and interact with others in helping to build their personal and social development in these "trying" adolescent years. A professional counselor from a local agency will lead each group.

Because counseling is based on trusting relationships, participants must agree to keep the information shared by its members confidential, except in a situation where there is an ethical responsibility to limit confidentiality. In the following circumstances, confidentiality is limited:

1. If a student reveals information about hurting or plans to hurt himself/herself or another person.
2. If a student reveals information about an individual hurting the adolescent or other person.
3. If a student reveals information about criminal activity.

By signing this form, I give my informed consent for my child to participate in a support group. I understand that:

1. Each group will provide an opportunity for participants to learn and practice interpersonal skills, discuss feelings, share ideas, practice new behaviors, and make new friends.
2. Group members are asked that anything discussed during a group session be kept confidential except in the above-mentioned cases.
3. Participation in a group is completely voluntary. Students are never forced to join a group and may leave the group at any time.

Student _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Grade _____ Team _____ Homeroom _____

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