Reynolds Elementary School

1609 Brentwood Drive, Greenville Pa 16125, Mercer County

Mr. John Sibeto
Superintendent of Schools

Mrs. Amy Leczner, Principal
Mrs. Dawn Baselj, Head Teacher
Phone: 724-646-5600
Facsimile: 724-646-5605
Email: aleczner@reynolds.k12.pa.us
Email: dbaselj@reynolds.k12.pa.us

Reynolds School District
Elementary Student Assistance Program
Parent/Guardian Permission

Your child ___________________________has been referred to the Reynolds Elementary Student Assistance program (ESAP). 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 ESAP by parents/guardians, school personnel, peers or self-referrals. The ESAP team is comprised of specially trained teachers, administrators, school counselors and a behavioral health liaison. Our goal is to work with the family 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.

You are a vital part of the team and the ESAP team values the importance of parent/guardian involvement in this process. Our Mercer County Behavioral Health Liaison is ready to talk with you about the referral and obtain information about your child.

Please complete the bottom portion of this letter and return it in the self-addressed envelope. If you have any questions about the Elementary Student Assistance Program (ESAP), please call Mrs. Dawn Baselj 724-646-5600 Extension 6612. Thank you for being part of our team!

___ **I give permission** for my son/daughter to participate in a confidential screening conducted by the ESAP liaison and/or Reynolds School District School Psychologist during school hours at Reynolds Elementary School. This may also include a Behavior Rating Scale that you and/or your child's teacher may be asked to fill out. I understand that this screening is conducted as part of the ESAP process and the recommendations will be shared with the ESAP team. It will allow the ESAP team to make appropriate referrals and necessary linkages to in-school and out-of-school supports for my child. This information will also be shared with me.

___ **I do not give permission** to proceed with the ESAP process. I understand that should I change my mind, I may contact anyone on the ESAP team: Mrs. Baselj, Mrs. Leczner, Mrs. Wilson, Ms. Bell, Mrs. Mecchia, or Mrs. Shalenberger

Parent/Guardian Name (Print) ____

Parent/Guardian Signature ____

Date ____________________________________

Home Phone __________________________________ **Cell Phone** ______________________________

Address ____

The Reynolds School District does not discriminate on the basis of race, sex, color, handicaps, creed, age, or national origin in administration of its educational or employment policies.