Student Assistance Program (SAP)
K-12 Training Standards
Guidance Document
For Designing, Planning and Implementing Training

(PNSAS June 2012)

General notes:

- The "Minimum Expectations" refer to what the Commonwealth Approved Trainers (CATs) are expected to present.
- "Helpful Hints" are suggestions to assist CATs in providing activities, supplemental materials for that particular training topic. They are not mandatory for a CAT to use in training.
- The Appendix numbers referenced in the body of the "SAP K-12 Training Standards Guidance Document" provide resources for CATs to use during the corresponding portion of the training. CATs should emphasize that those documents in the Appendix labeled as "samples" are only examples of forms and are not mandatory templates. Individual school districts are responsible for developing their own versions of these documents, following all relevant, laws, regulations and procedures.

General items to be included throughout the PA SAP Training:

Rather than repeatedly stress items that apply to several of the training components they have been listed below for CATs' reference. It is expected that they will be woven as appropriate throughout the training.

1. Emphasize that SAP teams use observable behaviors to identify students who would be appropriate referrals to SAP. SAP teams do not diagnose, refer for treatment or treat. Follow up and support are also critical components of the process.
2. SAP is not a stand-alone program or one working in isolation within a school setting.
3. SAP should be the gatekeeper for students dealing with at-risk issues impacting school performance/success.
4. Parents/guardians are vital members of the team and they are the decision makers for their child. They should be included in the process – their input respected and valued. Parents/guardians should be an integral part of the action planning which is based on student strengths and identified needs.
5. Parents/guardians are key decision makers and have the right to review any information collected through the SAP process.
6. SAP is a behaviorally-based school process.
7. SAP is a team approach.
8. SAP is voluntary.
9. SAP is a prevention/intervention process.
10. All interactions and communication with students/family should utilize culturally appropriate communication models. Awareness of individual/family issues should be utilized throughout the SAP process as well as creating a welcoming and collaborative atmosphere when engaging individuals/families in the SAP process.

Standard 1 – Foundations of Student Assistance in Pennsylvania

The foundational concepts, developments, structures, laws/regulations, and policies impacting the Commonwealth of Pennsylvania's Student Assistance Program

Standard 1	
1.a. Describe Pennsylvania's Student Assistance (SAP) system.	
The K-12 Training Components should include:	
1. Outline of the components of the SAP system, including: Interagency Committee, PNSAS and Regional Coordinators, County SCA and MH/ID involvement and liaisons, County Coordination, PDE 4092, Joint Quarterly Reporting System (JQRS) data collection (MH/ID and D&A county data), and other supports for SAP. 2. A description of the uniqueness of the PA model for SAP among other existing models (team, internal, external), including the mandate for SAP, state support and coordination, years of success.	**Minimum Expectations** • Provide an overview (Appendix A-Pennsylvania SAP System Overview) on components/roles of SAP system which include: – Interagency Committee – PNSAS and Regional Coordinators (There is one approved model in PA) – SAP County Coordination and District Council. – The School District/Administration/School Board – The SAP Core Team, including professionalism, and confidentiality – County Drug and Alcohol/Single County Authority (SCA) and County Mental Health/Intellectual Disability (MH/ID) involvement • Clearly convey that SAP is mandated K-12 in PA via Act 211 of 1990 and Chapter 12 of PA school code. Provide overview of PDE 4092 and where to access: www.safeschools.state.pa.us. Explain basic elements of the reporting form, such as that it is non-identifiable and access is password protected. • Provide overview of Joint Quarterly reporting System (JQRS) - where to access (www.sap.state.pa.us), who completes the report, basic information collected. • Explain the four phases of the PA SAP process: referral, team planning, intervention and recommendations, follow-up and support. • Emphasize continuing care and in-school supports. SAP collaborates with various in-

	and out-of-school resources/services.
	Helpful Hints • SAP web site and/or PNSAS map can be helpful to overview key systems as well as PDE 4092 and JQRS. • The idea that SAP is not treatment or referral for treatment but rather is referral for MH, D&A, and/or Behavioral Health screening/assessment should be woven throughout the training. • SAP teams should provide and coordinate access to a broad array of resources, in-school and out, not just refer for screening. • SAP is a systematic process whereby specially trained teams assist students with at-risk behaviors to help them succeed in school. • If available, access safe schools online at www.safeschools.state.pa.us for PDE 4092 overview or, include as a competency assignment. • It would be helpful for all liaisons to review JQRS reports as a competency assignment at www.sap.state.pa.us under the "MH/D&A SAP Data" tab.
1.b. Describe the development and continuing evolution of SAP services in Pennsylvania.	
The K-12 Training Components should include:	
1. Review of the history and development of SAP from 1984-Present, highlighting inclusion of MH issues along with D&A, development of CATs, Act 211, and Chapter 12. 2. An articulation of the paradigm shifts and subsequent developments in the PA SAP Model: moving from D&A to include MH; the developments of BEC, ESAP, parent involvement, resilience; collaboration with PBIS and RtI.	**Minimum Expectations** Provide an overview of the history of SAP – (Appendix B-History of SAP) keep it brief, highlight items such as: • 1984 started as D&A only, MH, suicide prevention added in 1986. • 1988 Approved Private Training Provider System Instituted (current CATs). • 1988 elementary SAP pilots, early 1990s implemented as one of IST components. • Act 211 of 1990. • 1997/98 paradigm shift and new Basic Education Circular (BEC) included: - Parent involvement: excluding to including; student permission to parent consent

	- Resiliency-Problem deficit to strengths-based approach - D&A and MH problems to issues which pose a barrier to learning and school success - Referral for treatment to referral for assessment • 2006 added to Chapter 12 of School Code. • 2007 collaboration with School Wide Positive Behavioral Interventions and Supports (SWPBIS). SAP best fits at Tier 2 (targeted interventions) and Tier 3 (intensive interventions). • March 2012, SAP K-12 certification and revision of training standards and competencies. **Helpful Hints** • Human timeline activity that shows events. • Activity where the history is mixed with pop culture and participants put events in order. • Small groups place timeline items in order. • Information and resources for SWPBIS can be found on PA Positive Behavior Support website at www.papbs.org .
1.c. Describe SAP in Pennsylvania as one process in a comprehensive continuum of services.	
The K-12 Training Components should include:	
1. Exploration of SAP within the array of services offered in schools. 2. Analysis of SAP as a systematic process of identification, intervention, referral assistance, support/follow-up, and continuing supports…in a safe and drug-free school environment.	**Minimum Expectations** Clearly explain that: • SAP collaborates and communicates with various in-school and out-of-school supports/programs. • SAP may refer to in-school and out-of-school supports, such as: tutoring, skill-building/support groups, mentoring, MH/D&A screening or assessment, etc. • SAP process and definition of the four phases: referral, team planning, intervention and recommendations, support and follow-up. **Helpful Hints** • Highlight SAP Evaluation conducted by

	University of Pittsburgh, St. Francis Institute for Psychiatric and Addiction Services, and KIT Solutions, Inc. • Present the 9 SAP Component Areas and Indicators. • Small groups could brainstorm in-school and out-of-school supports and resources available for referred students then report out to larger group.
1.d. List and summarize key federal and state legislation/regulations that impact SAP.	
The K-12 Training Components should include:	
1. A review of pertinent laws and regulations, including FERPA, PPRA, IDEIA, PA Drug and Alcohol Abuse Control Act, MH-MR Act (1966), Act 147, Rehabilitation Act, Act 145, Civil Immunity Acts, and the PA Code of Conduct. 2. An outline of the legal rights of students and parents. 3. A discussion on the practical implications for SAP process and SAP team functioning. 4. A review of the boundaries of SAP in PA as indicated by Act 211, BEC 151547 and other legal issues listed in #1 above. 5. Exploration of the possible consequences of operating outside the PA SAP model.	**Minimum Expectations** • Include at a minimum these laws: (Appendix C-Summary of Federal and State Legislation//Regulations that Impact SAP) Act 211, Chapter 12, FERPA, PPRA, IDEIA, Act 145 (tobacco), Federal D/A Confidentiality Law, Civil Immunity Law, MH Procedures Act of 1966, 302 procedures for MH, Act 53 of 1997 (court appointed inpatient commitments for drug and alcohol), and Act 147 of 2004 Minor's Consent for MH treatment. • Review concepts of confidentiality, deliberate indifference and exhausting administrative remedies. • Related to PPRA - PA Model deems written parent consent is needed for student to be involved in SAP process. Teams are required to obtain written parent permission prior to interviewing children. (See parent and screening consents located at www.sap.state.pa.us under "SAP Team Members" tab). • A separate consent must be obtained if the team feels that the child might benefit from an agency screening/assessment. • Emphasize that working outside the Pennsylvania model for SAP opposes the legal statutory base of Chapter 12 (22 PA School Code § 12.42) and Act 211 of 1990 (P.S.§ 15-1547); there could also be a loss of federal funds if violating FERPA. • Explain the importance of team members being familiar with the SAP Letter of

	Agreement (LOA) between the school district and liaison provider agency and/or county. The LOA outlines roles and responsibilities for all concerned parties. (Appendix D-Sample Letter of Agreement). **Helpful Hints** • Provide disclaimer that this is not legal advice. • Other website resource to supplement Standard 1d. would be "SAP Frequently Asked Questions and Best Practice Responses" (SAP FAQ) (see www.sap.state.pa.us under the "Additional Resources" and "SAP Team Members" tabs). • Have a panel from MH, D&A, and school present legal issues from their perspectives. • Give BEC quiz or a legal quiz; have participants complete prior to presentation on laws. • Conduct a small group activity where participants are assigned a law and must come up with an advertisement or jingle about it and then report back to larger group. • Provide a puzzle pieces exercise where there is a law on one side and a situation that would be affected by that law on the opposite site. • After a lecture on the laws, play a game similar to "Family Feud" for review.
1.e. Identify and describe key local school policies that impact SAP.	
The K-12 Training Components should include:	
1. A review of the types of possible policies, guidelines, and procedures schools should have, including D&A, MH/Suicide, Crisis, SAP, and Records. 2. A discussion of the implications of these policies for local SAP team functioning.	**Minimum Expectations** • Teams need to be familiar with district D&A, and MH/Suicide prevention policies, specifically how they relate to SAP. • SAP teams need to be aware of SAP policy and procedures. CATs should obtain sample policies from local school districts to show participants or have participants obtain SAP policies from their home districts and bring them to training. CATs/school districts/intermediate units

	who are members of the Pennsylvania School Boards Association and subscribe to their policy services can also consult with PSBA for a sample policy at http://www.psba.org/services-products/policy-development/. • What should be included in a SAP record. • SAP records are educational records. Teams need to know their school's records policy. (See www.sap.state.pa.us; "Maintenance of Records" under "SAP Team Members" tab.) • FERPA laws govern maintenance and dissemination of records. • SAP team can share information with school personnel based on "legitimate educational interest". They must share all contents of the child's SAP file with parents, if requested. The request and dissemination would follow established school policy/procedure. • Outline the differences between SAP school records and agency records.
1.f. Identify and describe the roles of liaisons and other agency personnel in the SAP process.	
The K-12 Training Components should include:	
1. A review of relevant laws and regulations, and guidelines impacting liaisons and others, with an emphasis on D&A and MH confidentiality issues. 2. An emphasis on the importance of detailed Letters of Agreement. 3. A discussion on the ways liaisons can assist SAP teams, student and families.	**Minimum Expectations** • Review appropriate roles of liaisons in working with school SAP teams by referencing the following at www.sap.state.pa.us under the "Additional Resources" tab: – "Commonwealth of Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, Student Assistance Program Minimum Guidelines" (County Mental Health Programs and Liaison Services link) – "The Department of Health, Policy Bulletin Bureau of Drug and Alcohol Programs No. 4-04, January 4, 2005, Student Assistance Program, Best Practice Guidelines for Single County Authorities" (Single County Authorities link)

	• Describe the role of agencies that complete mental health, drug and alcohol or behavioral health assessments and treatment in school and in the community as appropriate to local area. • Explain that outside agencies have different confidentiality requirements to abide by. Explain why some information cannot be shared with the team. • Discuss the importance of having a letter of agreement (LOA) with any agency working in the school that is signed by administrators from both. • Refer to sample Letter of Agreement (Appendix D-Sample Letter of Agreement). The letter of agreement should include the minimum expectations for the liaisons including: – How often they will attend SAP meetings – If they will complete screenings, assessments and/or conduct educational groups etc. – Other duties that might be done if time permits – Who the school and agency contacts will be if there are concerns – Any services the school will need to provide • State other contractual agreements outside of the liaisons' agreement, such as contracting for support groups/ prevention programs. • Review the role of the liaison at school SAP meetings and as a screener or assessor (depending on county/agency). • If issues are beyond the scope of schools, the liaison can function as a "system liaison" to help students and families access appropriate community services. • Indicate what role if any a liaison might play in crisis situations of a mental health or drug and alcohol nature as per LOA.

Standard 2 – The Student Assistance Team and Process

The formation, development, actions, and maintenance of an effective SAP core team and team process.

<table>
<tr><th colspan="2">Standard 2</th></tr>
<tr><td colspan="2">2.a. Define the Pennsylvania SAP as a school-based referral and support model consisting of four phases: referral, team planning, intervention and recommendations, follow-up and support.</td></tr>
<tr><td>The K-12 Training Components should include:

1. A presentation of the Pennsylvania SAP as a school-based model for identifying learning barriers based on observable behaviors and creating plans to assist students and families.</td><td>Minimum Expectations
• Outline each of the four phases of the Pennsylvania SAP model highlighting the important elements of each phase and include a flowchart. (Appendix E-Sample Flow Chart of SAP Process).
• Review the boundaries of SAP in relation to the four phases.
• Explain team approach.
• Define SAP as prevention/intervention and not diagnosis or treatment.

Helpful Hints
• Demonstrate via mock team meeting or have a veteran SAP team process a referral from start to finish. A group exercise using case studies can also be used when outlining the four phases of SAP.
• Show a video of a SAP team meeting then break into small groups to practice a team meeting.</td></tr>
<tr><td>2. An outline of the referral process.</td><td>Minimum Expectations
• Explain an appropriate SAP referral.
• Review and include sample referral form (Appendix F-Sample SAP Referral Form).
• Define “concrete observable behavior” and list examples, such as: decline in grades, change in friends, attendance problems, change in appearance, loss of extracurricular eligibility and/or loss of interest in previously attended clubs/groups, etc.</td></tr>
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	• Outline boundaries/scope of SAP in relation to reasons for referring a student, i.e. remember health, safety and welfare of students is the priority. A SAP referral does not take place of emergency services or a referral to Children and Youth Services.
3. A review of the role of parents in the SAP process, including when parental consent is required.	**Minimum Expectations** • Explain the role of parents in each of the four phases of the SAP process. • Reference FERPA and PPRA (Appendix C-Summary of Federal and State Legislation/Regulations that Impact SAP). • Review samples of Parent/Guardian Consent and Screening Consent forms (www.sap.state.pa.us under the "SAP Team Members" tab). • Reference or review SAP FAQ-Parent Involvement Section: pages 13-16 (Questions 40-49). • Incorporate a theory of how people change in relation to working with and engaging parents in the SAP process. **Helpful Hints** • Role-play contacting parents or demonstrate a mock parent meeting.
4. A presentation on team planning, highlighting paperwork, agenda setting, team roles, case manager responsibilities.	**Minimum Expectations** • List who is part of team planning. • Provide participants with a sample of a team meeting agenda (Appendix G-Sample SAP Team Meeting Agenda/Minutes) and review it with them. • Outline the roles and responsibilities of the team members, i.e., chairperson, recorder, case manager, etc. • Explain basic elements of the reporting form (PDE 4092) in that it is non-identifiable and team members need to have passwords to enter data. (Refer to www.safeschoolsonline.state.pa.us) • Explain the paperwork involved in the SAP process such as record keeping, data collection, and forms which include: – Sample Referral Form (Appendix F) – Sample Student Assistance Behavior Checklist and Elementary Student Assistance Student Information/Behavior Observation Form

	(Appendix H) – Sample Release of Information (Appendix I) – Attendance/academic/disciplinary records – Sample Parent/Guardian Consent (www.sap.state.pa.us under the "SAP Team Members" tab) • Use the following definition of case management: "Case management is defined as a variety of activities designed to engage the student, the school staff and the family in the process in a way that serves their interests effectively." *Ballew & Mink, 1986; Rolhman, 1992; Weil, Karis & Associates, 1985 (CAT Data Committee – Follow-Up and Support Packet).* • Outline the components of effective case management (Appendix J-Sample Case Manager Checklist) and the duties of the case manager. Remember case management duties may be individual or shared duties. • SAP team meeting minutes are records. They should be kept in accordance with the school district's records policy. When developing the protocol for SAP team minutes consider the content of the minutes including: - How will student(s) be identified to ensure confidentiality? - What content will be included on each student? - Where will team minutes be stored? Who will have access to the minutes? ("Maintenance and Transfer of Records" at www.sap.state.pa.us under the "SAP Team Members" tab, and Appendix G-Sample SAP Team Meeting Agenda/Minutes) **Helpful Hints** • Give participants index cards with a phase of the process on each one and have them figure out the order and explain each phase. • Explain to participants the importance of training staff in the correct way to complete a SAP referral form and behavior checklist i.e. observable behaviors, not opinions.

5. How to plan for student interviews, interventions and recommendations, as well as follow-up and support, including necessary paperwork.	**Minimum Expectations** • Provide participants with a sample checklist for interviewing a student and review it with them (Appendix K-Student Interview Checklist). • List examples of in-school supports and interventions. • List examples of community supports. **Helpful Hints** • Role-play student interview.
2.b. Describe an effective SAP team structure.	
The K-12 Training Components should include:	
1. A presentation on possible SAP Team roles and responsibilities, highlighting the roles of school personnel, agency personnel, and others: (SROs, school-based JPOs, etc.).	**Minimum Expectations** • List who should be on the team. Address any issues regarding dual roles: School Resource Officer (SRO), school-based Juvenile Probation Officer (JPO), etc. and potential role conflicts. • All team members must complete SAP training. • Outline the roles and responsibilities of school versus agency personnel. Refer back to sample LOA (Appendix D-Sample Letter of Agreement).
2. A review of "legitimate educational interest".	**Minimum Expectations** • Define "legitimate educational interest". • Review "Maintenance and Transfer of Records" (www.sap.state.pa.us under the "SAP Team Members" tab)**.**
3. The development of a process for welcoming and incorporating new members into existing SAP teams, highlighting roles and responsibilities of every SAP team member vis-à-vis the best interest of the child.	**Minimum Expectations** • Discuss ways new team members are integrated on to their building SAP teams.

2.c. Define the components and qualities of an effective SAP team approach.	
The K-12 Training Components should include:	
1. A review of the nine Implementation Indicators. 2. A discussion of possible communication resources. 3. Explaining the importance and "how to" of data collection and SAP performance reporting (PDE 4092).	**Minimum Expectations** • Review the components and indicators research study by University of Pittsburgh, St. Francis Institute for Psychiatric and Addiction Services and KIT Solutions, Inc. (www.sap.state.pa.us under the "SAP Team Members" tab). The elements should include: policy and procedure, communications, referral mechanisms, parent participation, team planning, intervention and recommendations, follow-up and support, training, outcome indicators and evaluation. • Provide an overview of the data collection process. • Discuss the use of the SAP performance report for evaluating the effectiveness of their team and for the training/maintenance needs that it might highlight. • Explain how to use the reports to in-service and market the team in school and in the community. • Provide participants with copy of the PDE 4092 at www.safeschools.state.pa.us or www.sap.state.pa.us. **Helpful Hints** • Possible exercise-Review SAP State and County data reports. • Small group activity- Have each group analyze a data report and share trends and other observations with larger group. Also have each group include how they would address trends etc.
4. A review of "case management" in the context of SAP.	**Minimum Expectations** • Refer back to Standard 2-section 2.a-number 4.
5. Highlighting the qualities of effective teamwork and the importance of team maintenance, emphasizing active participation, accountability, vision, expectations, boundaries, etc.	**Minimum Expectations** • Define what contributes to team effectiveness: shared leadership, common goals, open/honest communication, sharing of information, task/maintenance

	roles, roles/responsibilities, etc. • Explain what team maintenance is and how often team maintenance should be completed. (See www.sap.state.pa.us under "Additional Resources" tab and "Guidelines for SAP Teams" under the "SAP Teams" tab).
2.d. Describe the coordination of school and community initiatives and resources that form a school-based continuum of care for students and families referred to SAP, and SAP's collaborative role with these resources.	
The K-12 Training Components should include: 1. A review of in-school systems/programs already in place, e.g., discipline, SWPBIS, as well as alternative education and placements. 2. A review of community-based systems and programs, e.g., levels of care of MH and D&A issues, and other support services.	**Minimum Expectations** • Refer back to Standard 1- section 1.c. • Describe SAP role in coordinating supports both in school and community. • Outline the continuum of care for students and families referred to SAP. • Outline and describe mental health and drug and alcohol services as related to continuum of care. Include other school-based behavioral health services operating within the district and interfacing with SAP (Refer to LOA). • Explain that in school SAP is the gatekeeper to accessing the continuum of services (D&A and MH) and also provides support during and after treatment.
3. A discussion on re-entry support provided by the SAP team for students returning from and continuing treatment.	**Minimum Expectations** • Review the SAP team role and responsibilities in follow-up and support phase of the SAP process.
4. An examination of possible consecutive and/or parallel interventions for students. 5. A discussion on the role of the SAP team to all of the above resources and processes.	**Minimum Expectations** • Discuss what should occur when a student returns from out-of-school placement or hospitalization. • Describe the importance of ongoing follow-up for all referrals and when multiple interventions are needed.

Standard 3 – Working Collaboratively to Engage Families and School/Community Partners in the SAP Process

The SAP team's role in engaging and assisting parents/caregivers, students, and others in identifying and accessing appropriate school and community resources.

<table>
<tr><th colspan="2">Standard 3</th></tr>
<tr><td colspan="2">3.a. Articulate the roles of families/caregivers, students, SAP team members, agency personnel, and others throughout the SAP process.</td></tr>
<tr><td>The K-12 Training Components should include:

1. A discussion on what constitutes "family" and who should be included in parent/caregiver meetings with the school.</td><td>Minimum Expectations
• Based on personal preferences and cultural roles of a family, address who should participate in the SAP process and whom should be invited to meetings.
• Review with participants how to plan a meeting including such considerations as: location, number of family members attending (room size, number of chairs, and seating arrangements), agenda, strengths- based focus, goal setting, family specific issues, etc.

Helpful Hints
• Remember you may need to make accommodations for students whose parents/caregivers have joint custody agreements.</td></tr>
<tr><td>2. A review of consent requirements.

3. Skills useful for initial contact with parents/caregivers.</td><td>Minimum Expectations
• Review PPRA and FERPA-(Appendix C-Summary of Federal and State Legislation/Regulations that Impact SAP) parent's/caregiver's rights.
• Include and review sample parent/guardian consent and D&A/MH screening consent located at www.sap.state.pa.us under the "SAP Team Members" tab.
• Identify good communication skills and describe adaptations and considerations that may be needed to communicate effectively with all parents and caregivers.</td></tr>
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	Helpful Hints • Role play phone call to parents from a team member.
4. Strategies for involving parents/caregivers in the decision-making process, including any needed follow-up and support.	**Minimum Expectations** • Describe ways to successfully engage parents/caregivers throughout the process. Consider issues such as; ensuring parents understand SAP process and continuum of care, culturally appropriate communication, reading level and language of forms, strengths-based focus, welcoming climate, etc.
3.b. Demonstrate knowledge of the process of change and its application to the SAP process.	
The K-12 Training Components should include: 1. Strategies for appropriately helping parents/caregivers in the change process.	**Minimum Expectations** • Review role of families and the stages of change that a parent and student may move through when hearing information from a SAP team. Describe how to modify approaches based on change as a process involving progress through stages, in which the parent and student may be functioning. • Review and provide examples of how SAP team members need to interact with families so that a family leaves knowing that "the door is always open" and that they are respected. • Discuss the need for SAP teams to respect the family's right to choose to participate in SAP and at what level. • Present information on currently accepted models of change.
2. Strategies for motivating systemic change, when necessary.	**Helpful Hints** • Outline a model of change. Using a case study role play how participants could effectively approach the person(s).

3.c. Describe the elements of successful, culturally competent communication needed in stressful situations and the role empathy plays in parent/caregiver decision making.

The K-12 Training Components should include:	
1. Developing cultural sensitivity, appreciating the diversity that exists in schools, among families and within communities.	**Minimum Expectations** • Define culture as broader than ethnicity. Schools and communities each have their own unique culture. • List and discuss the factors that help to define the culture of each student and family such as; gender roles, decision making, family values, traditions, religious beliefs, coping strategies, etc. • Identify appropriate strategies for working with students at their developmental level considering; culture, language proficiency, age, gender, and other relevant characteristics. **Helpful Hints** • SAP team members should educate themselves about the local community culture and especially individual family cultures to better understand how their own behavior could be perceived by families. Discuss how to adjust actions, statements, and written information, when appropriate, to better communicate with family members. • Identify the local community cultural issues and their impact on school climate.
2. Developing strategies for effectively communicating with parents, especially in crisis or transitional situations.	**Minimum Expectations** • Demonstrate effective interviewing and communication techniques such as; posture, active listening, and open-ended questions, etc. • Provide a brief overview of individuals/families moving through the stages of crisis/transition. • Discuss strategies of communication with individuals/families during times of crisis/transition.

3. An understanding of the dynamics of the needs and concerns of parents/caregivers (e.g. Maslow's Hierarchy) as it applies to the SAP process and interventions, with an appreciation for the importance of empathy for students and families.	**Minimum Expectations** • Review Maslow's Hierarchy and discuss how individuals/families' needs may impact the SAP process and interventions. • Demonstrate methods of communicating empathy during interactions with individuals/families.

Standard 4 – Child and Adolescent Behavioral Health Issues

The behavioral health concerns that may present barriers to school success and the SAP team's role in addressing these concerns.

<table>
<tr><th colspan="2">Standard 4</th></tr>
<tr><td colspan="2">4.a. Describe a "Resilience/Strengths-Based" approach in addressing concerns and offering assistance to students and their families.</td></tr>
<tr><td>The K-12 Training Components should include:</td><td></td></tr>
<tr><td>1. A definition of "resilience" and how to promote it through various stages of child development.

2. An exploration of risk and protective factors in age-specific contexts.</td><td>Minimum Expectations
• Outline basic child and adolescent development referencing at least two models i.e. Piaget, Erickson, etc. which should include the milestones that children and adolescents (early, middle and late) must accomplish to develop into healthy adults including brain/cognitive development, social development, self-identity, sexual and physical maturity.
• Present a standard, research-based definition of resilience, such as; Bernard, Garmezy, Hawkins & Catalano, Henderson, and Werner & Smith, etc.
• Define risk and protective factors, referencing resiliency research i.e. 40 Developmental Assets, Communities that Care model, etc.
• Discuss the assets that schools may be able to influence.
• Identify and discuss strategies that SAP teams and other adults can use to influence and build resiliency for each developmental stage.
• Discuss SAP team data gathering of strengths on behavior checklists, student interviews and when speaking with parents/caregivers.

Helpful Hints
• Provide case studies and have participants identify risk and protective factors as well as targeted strategies for promoting resiliency.
• Have participants review two different</td></tr>
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	student behavior checklists—one with resiliency factors gathered and one without the resiliency factors. Discuss how the inclusion and/or exclusion of the resiliency factors may impact interactions with the student, family and the success of the outcomes. • Discuss the possible role of individuals who are SAP trained but not on the team as supports for at-risk youth (ensuring that appropriate role and confidentiality is maintained). • Ask participants to outline the risk and protective factors in the different domains: school, community, family. Portray this using yarn to create a web. • Have groups list as many protective factors as there are risk factors for a case study.
4.b. Articulate the school's role, responsibility, and boundaries in addressing observable student behaviors which may indicate behavioral health concerns that may pose a barrier to school success.	
The K-12 Training Components should include:	
1. A definition of "behavioral health" and "observable behaviors". 2. A review of how SAP functions in a given district/school, with emphasis on what constitutes an appropriate SAP referral based on district practice.	**Minimum Expectations** • Present a standard definition of behavioral health and observable behaviors. Emphasize that SAP teams use observable behaviors to identify students who would be appropriate referrals to SAP. SAP teams do not diagnose, refer for treatment, or treat. • Emphasize that SAP teams have responsibility to explore/gather information and develop a reasonable disposition when they are made aware of student behaviors. • Provide overview of SAP related guidelines, laws, policies, and procedures that govern SAP (or refer back to if already presented). • Discuss the role of the SAP process in cases where a school may use the SAP team for policy violation interventions. **Helpful Hints** • Have participants role play students with different behaviors. Have the rest of the group write down the behaviors they observed during the role play and discuss.

	• Give several sample referral forms to participants in small groups. Each group should list if it is an appropriate referral.
4.c. Outline the basic stages of child and adolescent development (physical and emotional) from early childhood to late adolescence.	
The K-12 Training Components should include: 1. An overview of development within the context of a particular "model" (Erikson, etc.). 2. A discussion on key transition periods in the child's life that are part of normal development but also create periods of vulnerability for the child.	**Minimum Expectations** • Refer back to Standard 4-section 4.a-Minimum Expectations. • Provide list of key transition periods in child/adolescent's life including school building transitions from elementary to middle and middle to high school. • List strategies/ways that SAP teams can support students when experiencing transitions or periods of vulnerability including returning from out of school placement.
4.d. List behavioral health concerns which may pose a barrier to learning, noting how concerns may exhibit themselves in students' observable behaviors.	
The K-12 Training Components should include:	
1. A review of the range of impediments to healthy development. 2. A list of behaviors which may indicate a behavioral health concern. 3. A review of the role of the SAP liaison in addressing and assessing behavioral health concerns. 4. An emphasis on the need for objective and verifiable information collection.	**Minimum Expectations** • Provide observable behaviors of common child/adolescent behavioral health issues and how they present in the educational setting. • Review appropriate language to document observable behaviors-should not be diagnosing i.e. "appears depressed" and should not be providing personal opinion "is just like his older brother". • Emphasize the need for in-servicing school personnel in the appropriate way to complete SAP referral and behavior checklist including appropriate wording when describing behaviors. • Emphasize the importance of the collaboration between the SAP team and the SAP liaison. Cases should never just be given straight to the liaison without the team

	processing (except in cases of emergency and then crisis policy and letters of agreement with the liaison provider agency should be followed). • Emphasize the need to include parents and non-instructional staff when gathering information on a student. **Helpful Hints** • Give the participants a sample of a diagnosing/judgmental student behavior checklist and have them identify the items that are inappropriate and how they would re-word them.
4.e. Explore trauma and its multiple manifestations, outlining its impact on the physical and emotional development of young people.	
The K-12 Training Components should include: 1. A definition of trauma and the distinction between trauma-informed and trauma-specific services. 2. A list of behaviors in students which may be a response to trauma.	**Minimum Expectations** • Provide definitions of trauma, trauma-informed services and trauma-specific services. • Outline the signs of trauma exposure in children and adolescents. What factors influence a child/adolescent's response to trauma. • Describe the behaviors common to traumatized children/adolescents and how response differs at each developmental level. • Give examples of trauma-informed care practices and emphasize the importance of their use. **Helpful Hints** • Keep in mind that participants may be victims of trauma themselves and provide information on services, or allowing participants to take "time outs" during presentation. • Include resources in the manual on: brain development, ACE (Adverse Childhood Experience) www.acestudy.org, and Sandy Bloom sanctuary model.

4.f. Discuss the addiction process and the warning signs of possible substance abuse among young people.

The K-12 Training Components should include:	
1. An outline of the stages of addiction. 2. A differentiation of substance abuse in elementary and secondary schools. 3. A list of the current substances of abuse among young people, including tobacco and medications. 4. A discussion of the impact of parental/familial substance abuse among young people, including COA resources.	**Minimum Expectations** • Provide outline of the stages of addiction and discuss key features of each stage. • Discuss the different characteristics of substance abuse in the following groups: elementary age, middle/secondary age versus adult use. • Describe common observable behaviors of students K-12 who may be using substances-including behaviors that may be observed in the educational setting. • Describe the impact of substance abuse on the physical, physiological, psychological, and sociological development of students. • Provide information on current substances of abuse among children/adolescents including which substances are prevalent according to age groups. Include information on tobacco, over-the-counter medications, and prescription medications. • Describe the continuum of care for substance abuse services that agencies provide and how they correspond to the level of use/abuse. • Provide overview of problem gambling and prevalence in child/adolescents /adults including elements of addiction similar to alcohol and drug addiction. • Discuss addiction and families including parental/familial abuse, impact of addiction on the family system, and Children of Alcoholics (COA) issues. • Provide information on resources for child/adolescents who are affected by family addiction. • Provide overview of concept of enabling, defining personal, familial, and professional systems enabling and their impact. **Helpful Hints** • Review any surveys that indicate local patterns of use (age groups, substances of choice) such as the Pennsylvania Youth

	Survey (PAYS) or Communities That Care (CTC) survey. • Give participants scenarios or have them role play situations when adults have intervened with students who are suspected of substance abuse. Discuss if the behaviors were appropriate or enabling the abuse to continue.
4.g. Identify risk factors and/or observable behaviors that may indicate a mental health concern among young people, including suicide.	
The K-12 Training Components should include:	
1. Listing possible MH concerns seen in young people and how these concerns may be expressed behaviorally. 2. An outline of the signs of possible suicide ideation. 3. A review of the school policies concerning suicide and other crisis situations. 4. A discussion of the impact of parental/familial MH issues on young people, including resources to assist students and families.	**Minimum Expectations** • Discuss observable behaviors of common child/adolescent behavioral health issues and how they present in the educational setting (be aware that prescribed medications may influence behavior). • Provide information on grief and loss and how this may be expressed depending on the developmental level of the child/adolescent. • Provide information on suicidal risk factors. • Discuss need for and following of suicide policy and procedures that addresses prevention, intervention, and postvention. Discuss highlights of a good suicide policy. • Describe the possible roles of SAP in a comprehensive safe school plan (including crisis response, post-crises, etc.). • Identify strategies to offer support to students dealing with MH concerns without enabling the child/adolescent. • Discuss impact of parent/family behavioral health issues on child/adolescent. • Provide a list of community resources for child/adolescent and family to address behavioral health issues. **Helpful Hints** • Review a sample of a good suicide policy or procedure and highlight items such as not leaving the student alone, contacting parents, and use of local crisis center for assessing suicidal risk. Recommend that SAP teams may want to discuss this issue

	with their mental health liaisons at the beginning of each school year to clarify current policies and procedures. Also www.starcenter.pitt.edu under the resource tab has a sample school district suicide prevention policy. • Provide resources in the manual such as STAR Center at www.starcenter.pitt.edu and PA Youth Suicide Prevention Initiative www.paspi.org.
4.h. Outline a continuum of care for behavioral health issues, including resources for after-care and continuing care.	
The K-12 Training Components should include:	
1. A listing of the local levels of care available for MH and D&A issues. 2. An exploration of the role of the SAP liaison in the SAP process and within the continuum of care. 3. A listing of other local resources and supports for students and families. 4. Appropriate strategies for SAP teams and/or schools to provide after-care and support for students during and after treatment.	**Minimum Expectations** • Provide outline of continuum of care from least restrictive to most restrictive including in school supports that are available in districts/communities of participants. • Provide overview of D&A services that correspond with each level in the continuum of care. • Provide overview of MH services that correspond with each level in the continuum of care. • Provide brief explanation of dual diagnosis and available services. • Discuss the need for natural supports for child/adolescent and ways to strengthen those supports. • Discuss MH laws related to confidentiality/treatment and what that means in an agency vs. school setting and communicating with SAP team. • Discuss D&A laws related to confidentiality and what that means in an agency vs. school setting and communicating with SAP team. • Identify barriers that can present problems for students returning from treatment whether D&A or MH. • Discuss need for after care and support for students and relation to case management by SAP team. • Identify ways to provide after care and support in the school setting.

	• Discuss role of SAP liaison in continuum of care, taking into consideration letter of agreement with liaison provider agency. • Discuss possible concerns/ barriers to accessing services for child/adolescent in school/community including managed care, insurance, availability, etc. • Provide lists or web sites of local resources pertinent for the participants attending training.

SAP K-12 Training Standards Guidance

Appendices

A **Pennsylvania SAP System Overview**

B **History of Student Assistance in Pennsylvania**

C **Summary of Federal and State Legislation/Regulations that Impact SAP**

D **Sample Letter of Agreement**

E **Sample Flow Chart of SAP Process**

F **Sample SAP Referral Form**

G **Sample SAP Team Meeting Agenda /Team Minutes**

H **Sample Student Assistance Behavior Checklist and Elementary Student Assistance Student Information/Behavior Observation Form**

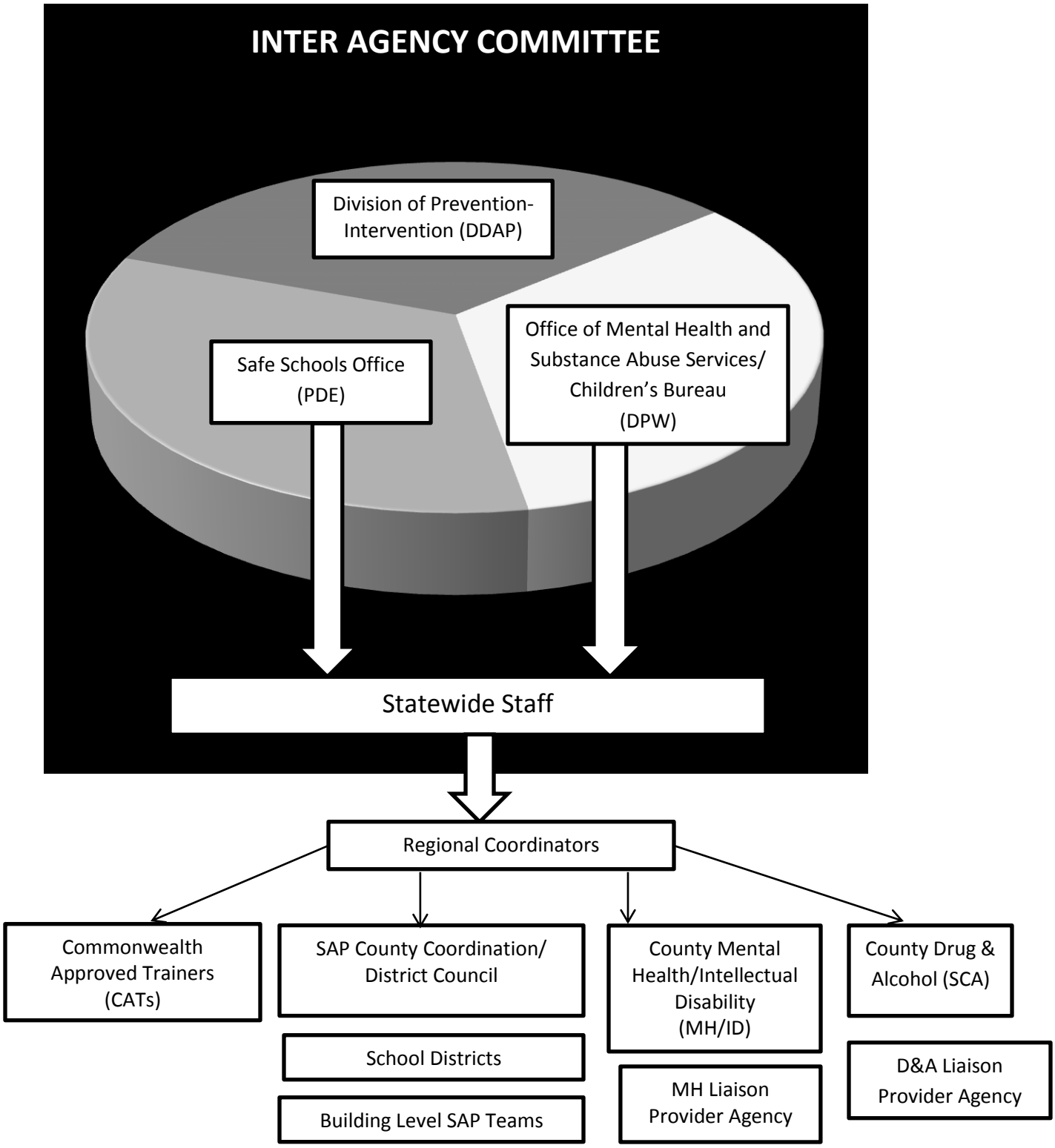
I **Sample SAP Release of Information**

J **Sample Case Manager Checklist**

K **Sample Student Interview Checklist**

Appendix A

PENNSYLVANIA SAP SYSTEM OVERVIEW



Appendix B

History of Student Assistance in Pennsylvania

Date:	Event
1984	The Pennsylvania Department of Health's Office of Drug and Alcohol Programs provided a grant to pilot Student Assistance Programs throughout the School Districts in the Commonwealth and in collaboration with the Pennsylvania Department of Education. The focus of the SAP Program at this time was interventions for students at risk for alcohol, tobacco and other drugs use.
1986	The Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services provided funding for the expansion of SAP to include intervention strategies for students at risk for suicide.
1988	The Pennsylvania Departments of Education, Public Welfare, and Health formed the Commonwealth SAP Interagency Committee. The purpose of this committee is to provide guidance to help meet the programming needs in Pennsylvania. The SAP Training system was instituted. (Commonwealth Approved Trainers)
1988	Elementary Student Assistance Program pilots began.
1990	**Act 211** (P.S.§ 15-1547 of the PA School Code) was enacted which required each school district to establish and maintain a program to provide appropriate counseling and support services to students who experience problems related to the use of drugs, alcohol, and dangerous controlled substances. On April 19, 1991, the Secretary of Education named the Commonwealth Student Assistance Program (K-12) to fulfill the requirement to "…identify high risk students who are having problems due to alcohol or drug use, depression, or other mental health problems; and intervene and refer these students to appropriate community services."
1997-98	A Basic Education Circular (BEC) was issued by the Department of Education to address Act 211 of 1990 (P.S. § 15-1547 of the PA School Code). The BEC clarifies the mandates that every student K-12 receive instruction in alcohol, tobacco and other drug prevention every year; in-services for all those whose responsibilities include teaching alcohol, tobacco and other drug prevention curriculum; and drug and alcohol counseling and support services (SAP). There was a paradigm shift in the Pennsylvania Student Assistance Program Model that included partnering with parents (parental involvement); strength-based approach (resiliency) when working with students and their families; a focus on barriers to learning and school success; and referring students for assessment instead of treatment.
2006	Chapter 12 (PA School Code § 12.42) was amended to include the planning and provision of Student Assistance Programs for all school entities.
2007	The Pennsylvania Network for Student Assistance Services began

	collaboration with the Pennsylvania Positive Behavioral Support Network around School Wide Positive Behavioral Supports and Interventions (SWPBIS).
2012	Pennsylvania Student Assistance Program Standards were revised and SAP certification became K-12.

Appendix C

Summary of Federal and State Legislation/Regulations that Impact SAP

(The summary below is for informational purposes only and should not be construed as legal advice.)

Act 211 of 1990 (P.S.§ 15-1547 of the PA School Code) was enacted which required each school district to establish and maintain a program to provide appropriate drug and alcohol education as well as counseling and support services to students who experience problems related to the use of drugs, alcohol, and dangerous controlled substances. On April 19, 1991, the Pennsylvania Secretary of Education named the Commonwealth Student Assistance Program (K-12) to fulfill the requirement to "…identify high risk students who are having problems due to alcohol or drug use, depression, or other mental health problems; and intervene and refer these students to appropriate community services."

Drug and Alcohol Education, Counseling and Support Services Basic Education Circular (BEC) (P.S. § 15-1547 of the PA School Code) was issued by the Pennsylvania Department of Education to clarify the mandate from Act 211 that every student K-12 receive instruction in alcohol, tobacco and other drug prevention every year; in-services for all those whose responsibilities include teaching alcohol, tobacco and other drug prevention curriculum; and drug and alcohol counseling and support services (SAP).

Chapter 12 (22 PA School Code § 12.42) was amended to include the planning and provision of Student Assistance Programs for all school entities.

FERPA -Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
    - School officials with legitimate educational interest
    - Other schools to which a student is transferring
    - Specified officials for audit or evaluation purposes

- Appropriate parties in connection with financial aid to a student
- Organizations conducting certain studies for or on behalf of the school
- Accrediting organizations
- To comply with a judicial order or lawfully issued subpoena
- Appropriate officials in cases of health and safety emergencies
- State and local authorities, within a juvenile justice system, pursuant to specific state law.

- Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

PPRA -Protection of Pupil Rights Amendment (20 U.S.C. § 1232h; 34 CFR Part 98) applies to programs that receive funding from the U.S. Department of Education (ED).

PPRA is intended to protect the rights of parents and students in two ways:

- It seeks to ensure that schools and contractors make instructional materials available for inspection by parents if those materials will be used in connection with an ED-funded survey, analysis, or evaluation in which their children participate; and
- It seeks to ensure that schools and contractors obtain written parental consent before minor students are required to participate in any ED-funded survey, analysis, or evaluation that reveals information concerning:
  - Political affiliations;
  - Mental and psychological problems potentially embarrassing to the student and his/her family;
  - Sex behavior and attitudes;
  - Illegal, anti-social, self-incriminating and demeaning behavior;
  - Critical appraisals of other individuals with whom respondents have close family relationships;
  - Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers;
  - Religious practices, affiliations or beliefs of the student or student's parents; or
  - Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

Parents or students who believe their rights under PPRA may have been violated may file a complaint with ED by writing the Family Policy Compliance Office. Complaints must contain specific allegations of fact giving reasonable cause to believe that a violation of PPRA occurred.

Individual with Disabilities in Education Improvement ACT of 2004 (IDEIA) the law promotes accountability for results, enhances parent involvement, uses proven practices and materials, provides more flexibility, and reduces paperwork burdens for teachers, states and local school districts. Many sections of the new law took effect on July 1, 2005. The regulations took effect on October 13, 2006.

The law is organized into four parts: Part A: Administration; Part B: school-age and preschool programs for children with disabilities; Part C: birth to 3 years –infants and toddlers; and Part D: national studies, technical assistance investments, personnel preparation investments, and research investments.

IDEIA maintains the basic principles of the law, a free appropriate public education (FAPE) for all students with disabilities, in the least restrictive environment; however, there are many changes and modifications to the IEP process and other aspects of the identification and evaluation of students with disabilities. The purpose of the changes and modifications are:

- Aligning No Child Left Behind (NCLB) with IDEIA
- More federal direction to state level activities
- Prioritizing specific monitoring outcomes
  - Graduation/dropout rates
  - Disproportionality
  - Participation/performance on statewide assessments
  - FAPE in the least restrictive environment
- Less adversarial dealings between parents and schools

ACT 145 of 1997 (Use of Tobacco in School) A pupil who possesses or uses tobacco in a school building, a school bus, or on school property owned by, leased by or under the control of a school district commits a summary offense. A pupil who commits an offense under this section shall be subject to prosecution initiated by the local school district and shall, upon conviction, be sentenced to pay a fine of not more than $50 for the benefit of the school district in which such offending pupil resides, and to pay court costs. When a pupil is charged with violating subsection (A), the court may admit the offender to an adjudication alternative as authorized under 24 Pa. C.S. Section 1520 (relating to adjudication alternative program) in lieu of imposing the fine. A summary offense under this section shall not be a criminal offense of record; shall not be reportable as a criminal offense of record; shall not be reportable as a criminal act and shall not be placed on the criminal record of the offending school-age person if any such record exists.

Definitions:
Pupil- A person between the ages of 6 and 21 years who is enrolled in school.
School- A school operated by a joint board, board of directors or school board where pupils are enrolled in compliance with Article XIII the Act of March 10, 1949 (P.L. 30, No. 14), known as the Public School Code of 1949, including area vocational-technical schools and intermediate units.
Tobacco - A lighted or unlighted cigarette, cigar, pipe or other lighted smoking product and smokeless tobacco in any form.

Professional Code of Professional Practice and Conduct for Educators (22 Pa. Code §§2351.11)
Section 1. Mission
The Professional Standards and Practices Commission is committed to providing leadership for improving the quality of education in this Commonwealth by establishing high standards for preparation, certification, practice and ethical conduct in the teaching profession.

Section 2. Introduction
(a) Professional conduct defines interactions between the individual educator and students, the employing agencies and other professionals. Generally, the responsibility for professional conduct rests with the individual professional educator. However, in this Commonwealth, a Code of Professional Practice and Conduct (Code) for certificated educators is required by statute and violation of specified sections of the Code may constitute a basis for public or private reprimand. Violations of the Code may also be used as supporting evidence, though may not constitute an independent basis, for the suspension or revocation of a certificate. The Professional Standards and Practices Commission (PSPC) was charged by the Act of

December 12, 1973 (P. L. 397, No. 141) (24 P. S. § § 12-1251 - 12-1268), known as the Teacher Certification Law, with adopting a Code by July 1, 1991. See 24 P. S. § 12-1255(a)(10).
(b) This chapter makes explicit the values of the education profession. When individuals become educators in this Commonwealth, they make a moral commitment to uphold these values.

Section 3. Purpose
(a) Professional educators in this Commonwealth believe that the quality of their services directly influences the nation and its citizens. Professional educators recognize their obligation to provide services and to conduct themselves in a manner which places the highest esteem on human rights and dignity. Professional educators seek to ensure that every student receives the highest quality of service and that every professional maintains a high level of competence from entry through ongoing professional development. Professional educators are responsible for the development of sound educational policy and obligated to implement that policy and its programs to the public.
(b) Professional educators recognize their primary responsibility to the student and the development of the student's potential. Central to that development is the professional educator's valuing the worth and dignity of every person, student and colleague alike; the pursuit of truth; devotion to excellence; acquisition of knowledge; and democratic principles. To those ends, the educator engages in continuing professional development and keeps current with research and technology. Educators encourage and support the use of resources that best serve the interests and needs of students. Within the context of professional excellence, the educator and student together explore the challenge and the dignity of the human experience.

Section 4. Practices
(a) Professional practices are behaviors and attitudes that are based on a set of values that the professional education community believes and accepts. These values are evidenced by the professional educator's conduct toward students and colleagues, and the educator's employer and community. When teacher candidates become professional educators in this Commonwealth, they are expected to abide by this section.
(b) Professional educators are expected to abide by the following:
(1) Professional educators shall abide by the Public School Code of 1949 (24 P. S. § § 1-101 - 27-2702), other school laws of the Commonwealth, sections 1201(a)(1), (2) and (4) and (b)(1), (2) and (4) of the Public Employee Relations Act (43 P. S. § § 1101.1201(a)(1), (2) and (4) and (b)(1), (2) and (4) and this chapter.
(2) Professional educators shall be prepared, and legally certified, in their areas of assignment. Educators may not be assigned or willingly accept assignments they are not certified to fulfill. Educators may be assigned to or accept assignments outside their certification area on a temporary, short-term, emergency basis. Examples: a teacher certified in English filling in a class period for a physical education teacher who has that day become ill; a substitute teacher certified in elementary education employed as a librarian for several days until the district can locate and employ a permanent substitute teacher certified in library science.
(3) Professional educators shall maintain high levels of competence throughout their careers.
(4) Professional educators shall exhibit consistent and equitable treatment of students, fellow educators and parents. They shall respect the civil rights of all and not discriminate on the basis of race, national or ethnic origin, culture, religion, sex or sexual orientation, marital status, age, political beliefs, socioeconomic status, disabling condition or vocational interest. This list of bases or discrimination is not all-inclusive.
(5) Professional educators shall accept the value of diversity in educational practice. Diversity requires educators to have a range of methodologies and to request the necessary tools for effective teaching and learning.
(6) Professional educators shall impart to their students principles of good citizenship and

societal responsibility.
(7) Professional educators shall exhibit acceptable and professional language and communication skills. Their verbal and written communications with parents, students and staff shall reflect sensitivity to the fundamental human rights of dignity, privacy and respect.
(8) Professional educators shall be open-minded, knowledgeable and use appropriate judgment and communication skills when responding to an issue within the educational environment.
(9) Professional educators shall keep in confidence information obtained in confidence in the course of professional service unless required to be disclosed by law or by clear and compelling professional necessity as determined by the professional educator.
(10) Professional educators shall exert reasonable effort to protect the student from conditions which interfere with learning or are harmful to the student's health and safety.

Section 5. Conduct
Individual professional conduct reflects upon the practices, values, integrity and reputation of the profession. Violation of § § 235.6-235.11 may constitute an independent basis for private or public reprimand, and may be used as supporting evidence in cases of certification suspension and revocation.

Section 6. Legal Obligations
(a)The professional educator may not engage in conduct prohibited by the act of December 12, 1973 (P. L. 397, No. 141) (24 P. S. § § 12-1251-12-1268), known as the Teacher Certification Law.
(b)The professional educator may not engage in conduct prohibited by:
(1) The Public School Code of 1949 (24 P. S. § § 1-101-27-2702) and other laws relating to the schools or the education of children.
(2) The applicable laws of the Commonwealth establishing ethics of public officials and public employees, including the act of October 4, 1978 (P. L. 883, No. 170) (65 P. S. § § 401-413), known as the Public Official and Employee Ethics Law.
(c) Violation of subsection (b) shall have been found to exist by an agency of proper jurisdiction to be considered an independent basis for discipline.

Section 7. Certification
The professional educator may not:
(1) Accept employment, when not properly certificated, in a position for which certification is required.
(2) Assist entry into or continuance in the education profession of an unqualified person.
(3) Employ, or recommend for employment, a person who is not certificated appropriately for the position.

Section 8. Civil Rights
The professional educator may not:
(1) Discriminate on the basis of race, national or ethnic origin, culture, religion, sex or sexual orientation, marital status, age, political beliefs, socioeconomic status; disabling condition or vocational interest against a student or fellow professional. This list of bases of discrimination is not all-inclusive. This discrimination shall be found to exist by an agency of proper jurisdiction to be considered an independent basis for discipline.
(2) Interfere with a student's or colleague's exercise of political and civil rights and responsibilities.

Section 9. Improper Personal or Financial Gain
(1) Accept gratuities, gifts or favors that might impair or appear to impair professional judgment.
(2) Exploit a professional relationship for personal gain or advantage.

Section 10. Relationships with Students
The professional educator may not:
(1) Knowingly and intentionally distort or misrepresent evaluations of students.
(2) Knowingly and intentionally misrepresent subject matter or curriculum.
(3) Sexually harass or engage in sexual relationships with students.
(4) Knowingly and intentionally withhold evidence from the proper authorities about violations of the legal obligations as defined within this section.

Section 11. Professional Relationships
The professional educator may not:
(1) Knowingly and intentionally deny or impede a colleague in the exercise or enjoyment of a professional right or privilege in being an educator.
(2) Knowingly and intentionally distort evaluations of colleagues.
(3) Sexually harass a fellow employee.
(4) Use coercive means or promise special treatment to influence professional decisions of colleagues.
(5) Threaten, coerce or discriminate against a colleague who in good faith reports or discloses to a governing agency actual or suspected violations of law, agency regulations or standards.

Federal Drug and Alcohol Abuse Confidentiality Regulations 42 CFR Part 2
The regulations prohibit disclosure of any information written or oral that may identify a person/student as either an alcohol and/or drug abuser or user, or if the person/student has received a screening, referral to treatment, diagnosis, and or treatment from a program unless the person/student has given his/her consent.

Pennsylvania Drug and Alcohol Abuse Control Act 63
All records shall remain confidential and only disclosed with consent of the person receiving treatment. The consent of parents or legal guardian is not necessary for a minor to seek or receive treatment. A minor may give consent to authorize his/her own medical care, assessment or treatment.

Involuntary Commitment of Minors Act 53 of 1997
A parent or legal guardian may petition the Court of Common Pleas for the commitment of a minor to involuntary drug and alcohol treatment services, if the minor is incapable of accepting or willing to accept voluntary treatment. Parents or legal guardians are financially responsible for the court costs, attorney's fees, and the cost of the treatment services unless the court finds the parents or legal guardian is without financial resources.

42 Pa. CSA 8337: Civil Immunity Law
Any officer or employee of a school who, in the scope of official duty, reports drug or alcohol abuse involving a student to another officer or employee of the school, to a parent, legal guardian or spouse of the student or who refers a student for treatment or counseling or for disciplinary action by school authorities relating to drug or alcohol abuse shall not be liable to the student or the parents, legal guardian or spouse of the student for civil damages as a result of any negligent statements, acts or omissions undertaken in good faith for the purposes set forth in this section. This subsection shall also apply to school authorities who have been designated to handle disciplinary cases for negligent statements, acts or omissions undertaken in good faith in reporting a student for drug or alcohol abuse to a law enforcement officer in accordance with school policy or procedures and based upon a reasonable belief that a crime has been, is being or will be committed. This subsection does not apply to any statement, acts

or omissions which are intentionally designed to harm or which are grossly negligent and result in harm to the student.

Mental Health Procedures Act 55 PA Code

The regulations protect the records of persons receiving treatment. The regulations prohibit disclosure of the record without written consent. If a minor under age of fourteen is receiving treatment, the minor's parents or guardian controls the release of the record. If a minor fourteen to eighteen year old seeks treatment, the regulations provide for notice of this treatment be given to the parent or guardian. Parents have a right to challenge this treatment. When a minor, age fourteen or older is receiving treatment, he/she controls the release of the record.

Amendment to the Pennsylvania Mental Health Procedures Act – Act 147 of 2004

A juvenile age fourteen to eighteen can consent to outpatient mental health examination and treatment or inpatient for himself/herself without parental consent. Control over the release of records resides with the person who has provided the consent to treatment.

Mental Health Procedures Act - 302 Involuntary Commitment

An involuntary commitment is an application for emergency evaluation and treatment for persons who are "dangerous" to themselves or others due to a mental illness. Dangerousness is determined based on the following criteria:

- Danger to self shall be shown by establishing that within the previous 30 days:
  - the person would be unable without the care, supervision and assistance of others to satisfy his/her need for nourishment, personal or medical care, shelter or self-protection or safety and that death or serious physical debilitation would occur within 30 days unless treatment was provided;
  - the person has attempted suicide or the person has made threats to commit suicide and committed acts in furtherance of the threats; or
  - the person has mutilated himself/herself or the person has made threats to mutilate and committed acts in furtherance of the threats.
- Danger to others shall be shown by establishing that within the previous 30 days the person has inflicted or attempted to inflict serious bodily harm on another or has threatened serious bodily harm and has committed acts in furtherance of the threat to commit harm to another.

Because this commitment is involuntary it may require the assistance of family, crisis professionals, police, ambulance and any other person involved in the crisis. In every 302, a petitioner is required to sign the 302 and appear at a hearing, if necessary. A petitioner must have first-hand knowledge of the dangerous conduct and be willing to go to an emergency room. The petitioner may be required to testify at a hearing regarding the dangerous conduct that he or she witnessed. Once a 302 is authorized, the individual will be taken to an emergency room by the police or ambulance for an evaluation by a physician to determine if they need to be admitted for involuntary psychiatric inpatient treatment. If the individual is admitted they may be kept no longer than 120 hours.

Child Protective Services Laws

The Pennsylvania Child Protective Services laws state that school administrators, school teachers and nurses are mandated to report suspected child abuse. Other sections of this law deal with such issues as the definitions of abuse, reporting procedures, good faith immunity from liability, and penalties for failing to report. It also includes specific procedures when abuse of a student is suspected by a school employee. Please see the most current version of these laws at the Pennsylvania Child Welfare Resource Center website at http://tinyurl.com/6pd968r.

Appendix D

Sample Letter of Agreement

General comments for developing Letter of Agreement:

1. Letters of Agreement should be specific and concrete in the description of the services/and items to be provided by the liaison provider agency and the school district.
2. Where applicable it may be advisable to specify the number of hours per week or day(s) of the week or months services will be available.
3. Services provided by the liaison provider agency may vary according to the provider agency's contract with the local County Mental Health/Intellectual Disabilities Office (hereafter referred to as MH/ID) and/or County Drug and Alcohol Single County Authority (hereafter referred to as SCA) and should be reflected in the Letter of Agreement.
4. Refer to the "Commonwealth of Pennsylvania Department of Public Welfare Office of Mental Health and Substance Abuse Services "Student Assistance Program Minimum Guidelines for County Mental Health Programs and Liaison Services" and "Student Assistance Program Best Practice Guidelines for Single County Authorities" for further information on agency liaison roles. Refer to "Guidelines for Student Assistance Program Implementation Guidelines for Secondary SAP Teams" for more information on school district core team roles. These can be accessed at www.sap.state.pa.us under the "Additional Resources" tab.
5. All Letters of Agreement should be approved by the school district's and provider agency's solicitors prior to signing.
6. A well written Letter of Agreement outlines the daily operations of the local SAP program. Therefore all parties involved in the program should receive an in-service about the contents of the document.

Sample Letter of Agreement

This Letter of Agreement is between the "XYZ Provider" and the "ABC School District". Both parties agree to cooperate in providing services for the Student Assistance Program.

SECTION A: Provider Agency Responsibilities

_____ (name of provider agency) agrees to adhere to all related federal, state and local laws pertaining to the delivery of mental health and drug and alcohol rehabilitation services and any other statutory or regulatory provisions pertaining to the Student Assistance Program. Additional responsibilities of the SAP liaison provider agency include:

1. The provider agency contact: the provider agency supervisor, _____ (name), can be contacted at _____ (contact information) should the need arise.

2. Provider agency agrees to appoint a representative to attend and participate in the previously established SAP County Coordination Team/and or SAP District Council Meetings that will be held periodically throughout the year.

3. Provider agency agrees to designate a qualified liaison (bachelor's level minimum) to provide SAP services to the district as outlined in Section A of this Letter of Agreement. The SAP liaison will act as an ad hoc member of the building Student Assistance Program core team (hereafter referred to as the SAP team). The SAP liaison for _____ (name of school) will be _____ (name of liaison) for the _____ (dates) school year and will serve as a member of the core team as a_____ (MH or D&A or MH/D&A—complete with appropriate designation) liaison. The SAP liaison will attend _____ (number of meetings) scheduled core team meetings _____ (number) per month for the purpose of- _____ (list services i.e. consultation, recommendations, referrals, case management, and follow-up services).

4. The SAP liaison will provide: site-based student _____ (screenings/assessments) for MH and/or D&A treatment if recommended by the SAP team and parent/guardian permission is secured. Or the SAP liaison can arrange for an assessment if recommended by the SAP team and parent/guardian permission is secured. The provider agency will secure releases of information from the student/parent/guardian prior to disclosing information to agencies that may be involved in handling a referral. Screenings/assessments completed by the liaison will be completed by _____ (time frame after receiving a referral).

5. The SAP liaison will provide referral information for identified students. Referral information should include identification of agencies and/or resources that could serve the needs of identified students and their families. The provider agency liaison may assist the identified student and/or family in linking up with the appropriate services.

6. The SAP liaison will provide follow-up with parents and students as permitted through the MH/ID and SCA contracts with the county.

7. The SAP liaison will provide postvention assistance to core teams, students, family, and faculty with significant events that would adversely affect the school and community (i.e. student death or other tragic event) as needed/requested by the district.

8. The SAP liaison will provide technical assistance to core teams regarding best practices for SAP as per state standards and guidelines.

9. The SAP liaison will provide crisis response consultation via phone while not in the building and on site during scheduled times available in district. (Not all liaisons provide this service.)

10. The SAP liaison will provide education groups offered to students referred through the core team if permitted via the county MH/ID and SCA contracts. Student participation in these groups shall be provided only with parental permission in accordance with school policies. (Best practice: at least one of the co-facilitators of the team should be school district personnel).

11. The SAP liaison will provide aftercare services for identified students that have returned to the school following treatment. This may include assistance in aftercare planning or educational groups.

12. The SAP liaison will assist with faculty in-service and student orientation within the limits of staff availability.

13. The SAP liaison will provide educational resources to school personnel, students, families, and community as requested and within the limits of staff availability.

14. The SAP liaison will facilitate or participate in core team maintenance.

15. The SAP liaison will consult with schools around strategies for engaging parents in the SAP process.

16. The SAP liaison will provide technical assistance to the school districts for policy development in areas related to his/her field of expertise.

SECTION B: School District Responsibilities

The _____School District agrees to comply with all related federal, state, and local laws pertaining to the delivery of mental health and drug and alcohol rehabilitation services within school districts, including but not limited to the Family Education Rights and Privacy Act (FERPA) and the Protection of Pupil Rights. The school district also agrees to provide a SAP team that complies with the BEC 24 P.S. 15-1547 for membership, training, common planning times, and ongoing maintenance. Additional responsibilities of the school district include:

1. The school district will designate a contact person between the team and the provider to ensure effective communication. The school district's contact will be _____ (name) and can be reached at _____ (contact information).

2. The school district will appropriate a safe and private space in the school where the SAP liaison can provide services; provide for secure storage of student records, and adhere to SAP confidentiality provisions.

3. The school district will provide copies of the district's alcohol, tobacco, and other drug policy, suicide/mental health crisis policy, school calendar, a schedule of special activities, and any other school policies, which may affect Student Assistance Program services.

4. The school district will provide family and community education on the Student Assistance Program.

5. The school district will provide faculty, pupil personnel and student orientation to the Student Assistance Program that includes staff, services, and referral procedures.

6. The school district will provide release time as established by the core team for referred students. Release time shall coincide with the normal school day and will be designed so that instructional time is not abused.

7. The school district will contact parents or guardians of identified students in order to explain referral, gather information, and obtain permission to involve students in the Student Assistance Program.

8. The school will submit data (on-line reporting) regarding the Student Assistance Program as requested to the Departments of Health, Education, and Public Welfare.

9. The school district will appoint a representative from Central Office along with the Building Administrator(s) or designee(s) to attend and participate in the established SAP County Coordination Team and/or SAP District Council Meetings that will be held within the school year.

SECTION C: Records

Provider and School District agree to the following regarding records:

All records generated by the school district's Student Assistance Team, with respect to individual students, are records of the district; the retention and disclosure of which shall be governed by the policies of the district and applicable federal laws which include:

FERPA (Family Education Rights and Privacy Act of 1974) and HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations should govern procedures regarding any records developed from agency screenings or assessments.

FERPA, amended in 2002 provides parental rights to inspect, review, amend and control disclosure form a child's school record.

HIPAA is a federal mandate that requires safeguards that protects health information and provides guidelines for disclosing protected information. HIPAA is designed to regulate the exchange of confidential and sensitive information. It requires providers of health care services, including behavioral health providers to keep information secure and available only to authorized personnel by defining standards and methods that will safeguard information

Protection of Pupil Rights Law (HATCH Act) amended in 2002 (BEC 20 USC 1232h) which states that"…No student shall be required, as part of any program, to submit to a survey, analysis, or evaluation that reveals information concerning: … Mental and/or psychological problems… without the consent of the parent."

When a student has been referred to a liaison designated by the provider agency for screening/or assessment, the records generated become the property of the provider and are regulated by the applicable Mental Health laws (PA Code Title 55) which requires parental consent for release of information when the child is under the age of 14; for Drug and Alcohol (42 CFR Part 2, Chapter 1) which states that it is the minor patient (student) of a Drug and Alcohol facility or program that controls the release of records and that the minor can receive Drug and Alcohol treatment without the consent of his or her parents.

SECTION D: Conflict Resolution Process

Should there be a conflict between the Core Team and the Provider agency (liaison); the conflict resolution process should work through the levels as follows:

Step 1. Members of the Core Team and Provider Agency Liaison meet to discuss conflict.

Step 2. School Building Administrator and Administrator of Local Provider Agency meet.

Step 3. School District Central Office Administrator, County Mental Health and/or Drug and Alcohol Administrator meet.

Step 4. Chief School Administrator/Superintendent, Office of Mental Health Community Program Manager or Office of Drug and Alcohol Programs Representatives, and Pennsylvania Network for Student Assistance Services' Regional Coordinator meet.

Step 5. Commonwealth SAP Interagency Committee meets.

Note: The personnel indicated at each step do not preclude the inclusion of other individuals involved with the Student Assistance Program.

SECTION E: Agreement Terms

As a result of this agreement, SAP liaisons from the agency, are school officials and thus have a legitimate educational interest in participating as full members of the SAP Team.

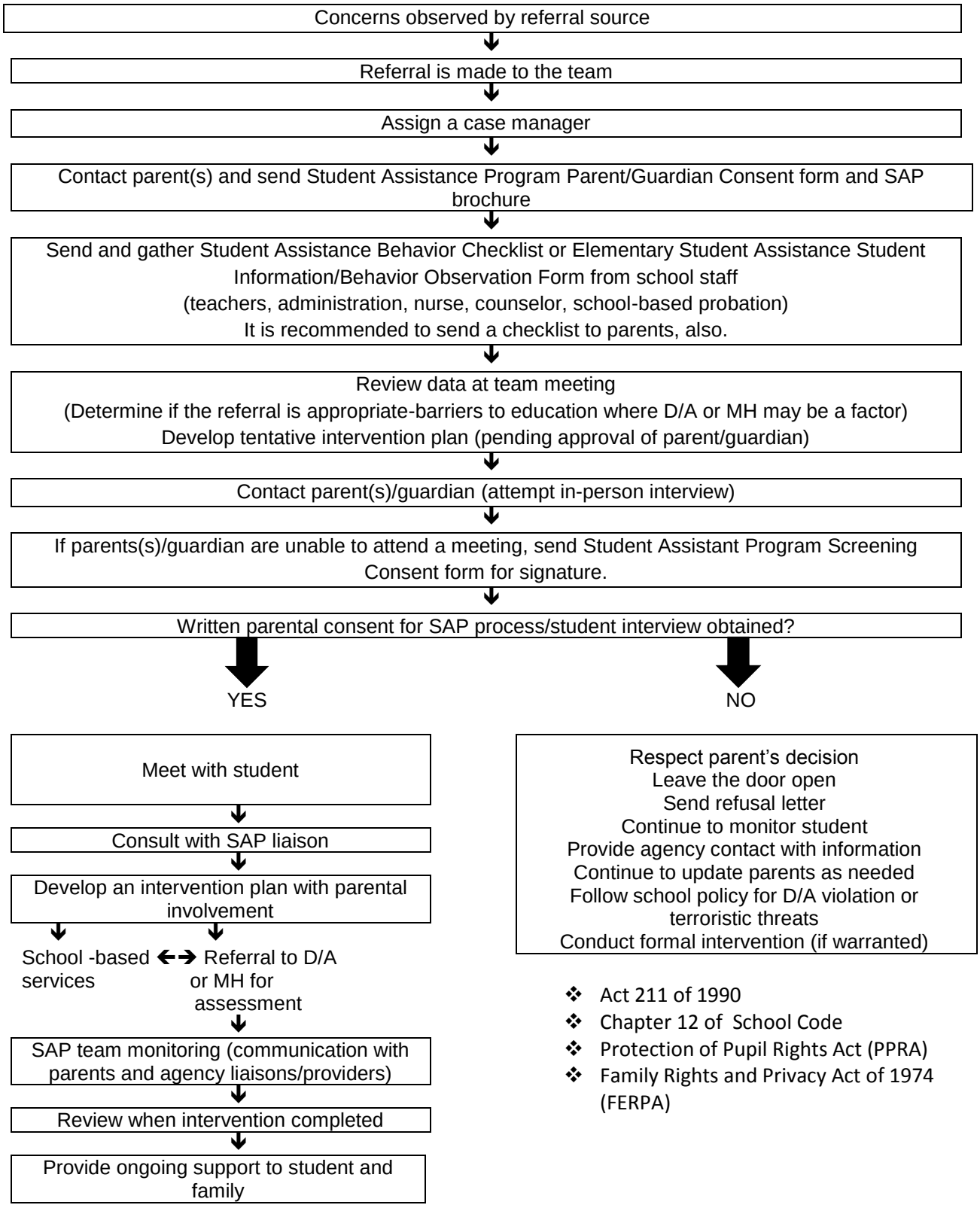
This agreement will be in force throughout the _____ *(SY date*) contract year. Effective dates of this agreement are _____ (date through date). Agreements will be renewed on a yearly basis. Should either party choose to be released from this agreement, written notification must be made within thirty (30) days of termination to all parties whose signatures appear on this document. This agreement can be amended by mutual agreement of both parties.

FOR SCHOOL DISTRICT	FOR PROVIDER
_____	_____
Superintendent	Executive Director
_____	_____
Date	Date
Team	Core Team Representatives
_____	_____
_____	_____

cc: SAP Liaison Supervisor
SAP Liaisons
Building Administrators
SAP Core Team Coordinator or SAP Team Representatives
SCA Administrator
MH/ID Administrator

Appendix E

Sample Flow Chart of SAP Process



- Act 211 of 1990
- Chapter 12 of School Code
- Protection of Pupil Rights Act (PPRA)
- Family Rights and Privacy Act of 1974 (FERPA)

Appendix F

Sample Student Assistance Program Referral Form

1. Referred by_____ Phone # _____

---

2. Student's Name_____ Grade _____

3. Date of referral_____

4. **Please check the behavior(s) you have witnessed.**

___ Decreased or low class participation
___ Easily distracted or trouble concentrating
___ Decrease in the quality of work
___ Poor short-term or long-term memory
___ Low frustration tolerance
___ Change in attendance/tardiness
___ Frequent requests to leave the room
___ Frequent request to visit the nurse
___ Changes in extracurricular activities
___ Increased irritability
___ Argues with other students
___ Cheating
___ Change in friends
___ Does not follow teacher instructions
___ Drastic changes in appearance
___ Observed talking about drinking alcohol or using controlled substances

5. **Strength(s) and resiliency factor(s)**

___ Is creative
___ Considerate of others
___ Strives to achieve his/her best
___ Able to work independently
___ Exhibits leadership
___ Can accept re-direction
___ Good communication skills
___ Appears to like and be connected to school
___ Demonstrates good social skills
___ Other _____

Additional observable behaviors_____

_____

6. **What has been done to resolve this problem? Please explain and provide dates.**

_____

_____

Please return form to_____

Appendix G

Sample SAP Team Meeting Agenda/Team Minutes

Team members can build structures into the SAP process that promote follow-up and support. For example, one district uses this SAP Agenda in all schools. Note the following strengths:

1. Roles defined during the meeting: facilitator, recorder, time keeper. It's essential that the team empower the time-keeper to help them use the time allotted effectively (and avoid gossip and ventilation sessions).

Agenda items grouped by:

2. New referrals (presenting issue, assignment of case manager and target date for data summary)
3. Existing referrals with built-in follow-up mechanisms
4. Liaison updates
5. Other business

SAP Team Meeting Agenda - CONFIDENTIAL

Date: _____

1. Facilitator_____ **Recorder**_____ **Time Keeper**_____

Persons present (sign-in):

Review Agenda. Determine whether changes are needed (2 minutes)

2. New student referrals: (10 minutes)

Student's name/referral source	Problem area(s)identified	Case manager	Target date for parent contact, data gathering, referral acknowledgement

3. Update on prior referrals/status of tasks: (15 minutes)

Student's name	Case manager	Progress/parent contact made? Issues, decisions goals and target dates	Is student meeting goal(s)? Yes/No	If not, determine problem and next steps

4. Mental Health / Drug & Alcohol liaison update: (5 minutes)

Current total participating	Issues with any referrals?	New referrals awaiting care & date of service projected

5. Other business, information to share, activities to plan:

6. Next meeting will be held on:

Facilitator:

Recorder:

Time Keeper:

Adapted from the Team Initiated Problem Solving Process (TIPS) www.pbis.org/common/pbisresources
Adapted from "Ideas for Improving Follow-Up & Support", p. 5-6, CAT Data Committee document

Appendix H

Sample Student Assistance Program Behavior Checklist

Please complete and return this form to _____ no later than _____. Thank you.

*** * *CONFIDENTIAL* * ***

This documentation will be a part of the student's permanent file.

Student: _____ Date: _____

Grade: _____ School Year: _____

Referred by: _____ Teacher Name/Class: _____

Check appropriate response pertaining to observable behavior:

A. Academic Performance

___ Drop in grades, lower achievement
___ Decrease in class participation
___ Failure to complete assignments
___ Short attention span, easily distracted
___ Poor short-term memory
___ Does not follow directions
___ Other: _____

B. Disruptive Behavior

___ Defiance of rules
___ Denies responsibility for actions; blames others
___ Fighting
___ Cheating
___ Sudden outbursts of anger; verbally abusive to others
___ Obscene language or gestures
___ Crying
___ Hyperactivity, nervousness
___ Attention-seeking behavior
___ Other: _____

C. Class Attendance

___ Tardiness to class (how many)
___ Absent from school (how many)
___ Cutting class (how many)
___ Frequent gym excuse
___ Frequent visits to the health room
___ Frequent visits to the guidance office
___ Frequent visits to the bathroom
___ Other: _____

D. Atypical Behavior

___ Change in friends
___ Erratic behavior
___ Sudden popularity
___ Older or significantly younger social group
___ Unrealistic goals (retirement)
___ Inappropriate responses

___ Appears sad or depressed
___ Seeking adult advice without a specific problem
___ Defensive
___ Withdrawn, difficulty in relating to others
___ Preoccupation with food and/or weight
___ Talks about problems at home
___ Talks freely about drug abuse, alcohol abuse and/or sexual activities
___ Mentions or threatens suicide
___ Mentions or threatens violence of any kind
___ Other: _____

E. Physical Symptoms

___ Deteriorating personal appearance
___ Sleeping in class
___ Frequent cold-like symptoms
___ Headaches
___ Unsteady on feet
___ Frequent complaints of nausea or vomiting
___ Odor of alcohol or marijuana
___ Glassy, bloodshot eyes
___ Slurred speech
___ Unexplained frequent physical injuries
___ Other: _____

F. Nicotine

___Admits to using tobacco products

G. Strengths and Resiliency Factors

___ Is creative
___ Considerate of others
___ Strives to achieve his/her best
___ Able to work independently
___ Exhibits leadership
___ Can accept re-direction
___ Good communication skills
___ Appears to like and be connected to school
___ Demonstrates good social skills
___ Other: _____

H. Extracurricular Activities

___Loss of eligibility
___ Dropped out of (name of activity) _____
___ Other: _____

I. Illicit Activities

___ Vandalism
___ Involvement in thefts and assaults
___ Possession of drugs, tobacco or alcohol
___ Possession of drug paraphernalia
___ Has been cited for using tobacco products
___ Selling drugs
___ Carrying a weapon
___ Runaway
___ Other: _____

Elementary Student Assistance Program (ESAP)
Sample Student Information/Behavior Observation Form

Concern for the following student has been brought to the attention of the ESAP team. We are gathering information regarding this referral and are requesting your help. Please note your observations on this form. It will be part of his/her student assistance file and as such will be open to review by the parent/guardian. It will be used to help the student and his/her family to clarify the concern and determine appropriate action. Please contact a member of the ESAP team if you have any questions. Thank you for your assistance.

Student_____Teacher completing form_____Date_____

Have you had contact with parent/guardian? ___Yes___No Dates of contact_____
Describe nature of contact_____
_____

Number of absences this year_____ Number of days tardy_____

(Please check all that apply. Explain starred items in more depth below.)

Academic Performance Information

___Performance at or above ability level
___Performing significantly below ability
___Recently decrease in participation
___Failure to complete classwork (often)
___Failure to complete homework (often)
___Recent drop in grades
___Poor test scores
___Does not take advantage of extra assistance offered or available
___Unprepared for class
___Difficulty retaining new or recent information
___Reading below grade level*
___Difficulty with math*
___Difficulty with writing*
___Difficulty with listening comprehension*
___Difficulty with speech*
___Verbalized disinterest in academic performance
___Cheating*
___Easily frustrated
___Daydreams
___Easily distracted
___Short attention span*
___Other_____

Strengths and Resiliency Factors

___Ability to work independently
___Participates in extracurricular activities
___Works well in a group
___Demonstrates desire/ commitment to learn
___Displays good logic/reasoning & decision-making
___Exhibits leadership skills
___Can accept redirection/criticism
___Considerate of others
___Good communication skills
___Cooperative
___Displays good interpersonal skills
___Displays positive values (e.g. honesty, caring, responsibility)
___Strives to achieve his/her best
___Respects personal space
___Displays appropriate social manners
___Demonstrates constructive use of time
___Connected other students & staff
___Verbalizes interest in school

*Further explanation_____
_____
_____
_____

Disruptive Behavior or Illicit Activities

___Verbally abusive
___Fighting
___Sudden outbursts of anger
___Obscene language and/or gestures
___Hitting or pushing others
___Disturbing other students
___Denying responsibility/blaming others
___Easily influenced by others
___Repeated violation of school/class rules
___Carrying weapon
___Involvement in theft (self-reported)
___Vandalism (self-reported)
___Carrying large amounts of money
___Selling drugs (self-reported)
___Misuse of cell phone

Physical Attributes

___Noticeable change in weight
___Sleeping in class
___Unsteady on feet
___Complaining of nausea/stomach ache
___Glassy/bloodshot eyes
___Unexplained physical injuries
___Poor motor skills
___Frequent cold-like symptoms
___Odor of alcohol/marijuana
___Slurred speech
___Poor hygiene
___Frequently expressed concerns about personal health
___Fatigue
___Disoriented
___Self-injury/self-harm
___Headaches
___Food issues *(e.g. refusal to eat lunch)

Atypical Behavior

___Associates with younger/older social group
___Openly expresses alcohol or other drug use
___Expresses desire to punish or gain revenge by harmful or deadly means
___Wears drug/alcohol-related clothing
___Inappropriate sexual talk
___Expresses involvement in the occult
___Expresses involvement in hate groups
___Trouble getting along with peers
___Withdraws from others
___Difficulty making decisions
___Expresses hopelessness, worthlessness helplessness
___Expresses fear or anxiety*
___Expresses anger toward parent or authority figure
___Lies
___Criticizes others or self
___Seeks constant reassurance
___Threatens or harasses others
___Cries
___Sleeps in class
___Ethnic intimidation
___Dramatic/sudden change in behavior*
___Dresses inappropriately *

Home Issues

___Runaway
___Recent divorce or separation
___Absence of caregiver * (e.g. deployed, deceased, etc.)
___Job loss of family member
___Refusal to go home
___Displaced* (homeless, living in shelter, living with relatives/friends)
___Living in foster care
___Awaiting foster care placement
___Living with an adult other than natural parent*
___Other stressors*

*Further explanation_____
_____
_____
_____
_____
_____

Appendix I

Student Assistance Program

Sample Release of Information

Date: _____

Student Name_____D.O.B._____

I hereby authorize _____ (agency/individual) to

(check one): □ Obtain from □ Release to □ Obtain from & Release to
_____ (agency/individual).

Address_____

_____

Method of Release *(check one):* □ Written □ Written/Verbal

The information is to be shared for the purpose of facilitating the student's educational program.
The information to be released and/or obtained is *(check all that apply):*

___ Educational Records (Including Special Education documents)
___ Behavior Records
___ Counseling Records
___ Psychiatric Evaluation
___ Psychological Evaluation
___ Intake/Discharge Summary
___ Drug and Alcohol Treatment Summary
___ Other (please specify): _____

Please note: *(Any information received by the "XYZ School District" will be placed in a file to which parents have access and the capacity to release to a third independent agency. The professional staff of the "XYZ School District" monitors this access. Information will be handled according to the "XYZ School District" Records Policy.*

I may revoke this release at any time except to the extent that the person who is to make the disclosure has already acted on it. Except as noted above, this release will expire one year from now unless revoked earlier in writing. All information released or obtained will be handled confidentially in compliance with the Family Educational Rights and Privacy Act (FERPA).

Parent/Guardian Signature_____ Date_____

Student Signature_____
(14 years or older for mental health records; any age for student's own drug and alcohol records; 18 years or older for educational records)

Age_____ Date_____

Witness Signature_____Date_____

Appendix J

Sample Student Assistance Program

Case Manager Checklist

Student's Name: _____ Grade: _____

Date Referred: _____ Assigned Case Manager: _____

After the initial SAP referral, the following steps need to be taken:

DATE	TASK	
	Call parent and send questionnaire and Student Assistance Program Parent/Guardian consent home. Arrange time with parent/guardian to discuss or invite to team meeting	
	Student Assistance Program Parent/Guardian consent obtained. If not, what strategies can be used to obtain? Date attempts were made and outcome:	
	Request student's teachers to complete the Student Behavior Checklist/Student Information/Behavior Observation form no later than (_____)	
	Compare previous report card with current grades	
	Examine cumulative folder – grades, test scores	
	Look at attendance for patterns of absenteeism	
	Examine discipline folder and note consequences received by the student	
	Consult with nurse for pertinent information (if he or she has contact with student)	
	Consult with counselor for pertinent information (if he or she has contact with student)	
	Consult with administrator for pertinent information (if he or she has contact with student)	
	Conference with the student (only after parental consent obtained)	
	Present the information at the next SAP meeting	
		DATE
	Team planning meeting held	
	Action plan developed	
	Action plan implemented	
	Action plan reviewed/adjusted	
	Date of SAP team review	
	Date of SAP team review	
	Complete end-of- school year tasks: – continue SAP services for this student next year? – complete PDE 4092	

Adapted from "Ideas for Improving Follow-Up & Support", p. 16, CAT Data Committee document

Appendix K

Sample Student Interview Checklist

Student Assistance Program
My Ideas to Help Teachers Help Me

Name: _____Grade:____

Date: _____

Good things in my life:	**Often**	**Sometimes**	**Never**
I have friends at school			
I have friends at home			
I feel like I fit in			
Things I like in school 1.			
2.			
Things I like to do at home 1.			
2.			
I ask for help when I need it			
When I grow up I want to:			
I like art			
I like to listen to music			
I like to play sports (which ones?)			
I like gymnastics			
I like to dance			
Other things I am good at and/or enjoy:			

Concerns in my life:	**Often**	**Sometimes**	**Never**
My grades are low			
I have trouble reading			
I have trouble remembering stuff like homework			
I have trouble discussing my ideas in class			
I have trouble listening for a long time			
I have trouble taking tests			
I have trouble working by myself			
I have trouble working with other students in a group			
I don't get along with my teacher(s)			
I get in trouble in class			
I get into trouble in the hallways			
I get into trouble in the cafeteria			

I get into trouble on the bus			
I have troubles at home			
I get into trouble at home			
I don't have many friends at school			
I don't have many friends at home			
I fight with my friends			
I make poor decisions			
I feel sad			
I feel angry			
I feel nervous			
I feel scared			
Kids pick on me			
I don't fit in here at school			
Other:			

Things I want to accomplish (check all that apply):	
I want to get along better with my teacher	
I want to improve my grades	
I want to remember my homework	
I want to do better on tests	
I want to get along better with other students	
I want to get along better with my friends	
I want to make better decisions	
I want to have more friends	
I want to feel better about school	
I want to feel better about myself	
Other:	

Anything else that could help your school and family help you be more successful?

_____

_____

Adapted from: Student Self-Advocacy Booklet. www.sbbh.pitt.edu
Adapted from "Ideas for Improving Follow-Up & Support", p. 11-12, CAT Data Committee document