



Permission for MESAP Services

Your child, _____, has been referred by school personnel, to meet with the MESAP (Middle and Elementary Student Assistance Program) representative. The MESAP representative will meet with your child and assess his/her work habits, peer interaction, and/or emotional control. From this initial assessment, the team of individuals will work together to determine what social education, support, and interventions may be helpful in seeing your child succeed in removing the barriers to learning.

Giving your permission will allow the MESAP representative to meet with your child during the school day. If there are questions or concerns regarding this letter, please contact Sarah Kauffman – MESAP Liaison.

- ☐ I give my permission for my child to meet with the MESAP representative.
- ☐ I do not give my permission for my child to meet with the MESAP representative.

Signature of Parent/Guardian

Date

Child's Name: _____

Address: _____

Birthdate: _____

Parent/Guardian's Name (print): _____

Phone Number: _____

Best time of contact: _____

Email: _____

Best way to contact the family (circle one): email phone call Text

Sarah Kauffman contact information:

skauffman@lawsca.org

724-651-8407