

Student Success Center

Family Statement of Understanding for Non-Disciplinary Participation

Student Name: _____

Parent Name: _____

I, the parent/guardian of the student named above, have been informed by school staff about the services and supports that the Student Success Center (SSC) provides.

I agree to:

- Attend a family enrollment meeting at the SSC site.
- Support my student in attending the SSC program for 3 weeks.
- Support my student in completing a mental health and/or drug and alcohol assessment (to be arranged with the SSC).
- Support my student in following through with any treatment recommendations from the mental health and/or drug and alcohol assessment. I understand that the SSC will work with me and my student to remove any barriers to participation in these recommendations.

We agree to participate in the SSC's program with the understanding that the goal of the program is to assist the student to be successful at their sending school upon completion of the program.

Following my student's full-time return to school, I will then support my student's re-engagement plan and continue to support my student's educational plan. If I have any questions about the program, I understand that I can call the SSC at (503) 916-5494.

Signed: _____ Date: _____

Please send a scanned copy of this signed letter with the rest of the referral forms to aolivas1@pps.net