

# 20\_\_ - 20\_\_ SAP Core Team Information

School: \_\_\_\_\_ City: \_\_\_\_\_

Day of Weekly Core Team Meeting: \_\_\_\_\_

Time of Weekly Core Team Meeting: \_\_\_\_\_

*\*If you do not meet weekly, please indicate the frequency of the meetings:*

\_\_\_\_\_

## 20\_\_ - 20\_\_ Core Team Members

Name	Position/Title <i>(e.g., Principal, Guidance, Chemistry Teacher)</i>	Training Source <i>(e.g., IU5, Mercer County Behavioral Health)</i>
1. _____  <i>Chair's School Email Address:</i>	<b><u>Core Team Chairperson</u></b> Must be a school employee.	_____
2. _____  <i>Name of Agency Providing Liaison:</i>	<b><u>Mental Health Liaison</u></b>	_____
3. _____  <i>Name of Agency Providing Liaison:</i>	<b><u>Drug and Alcohol Liaison</u></b>	_____
4. _____	<b><u>School Administrator</u></b>	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

\_\_\_\_\_

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*Principal's Signature*

*Date*

Please and email to the CSO ([catholicschools@eriercd.org](mailto:catholicschools@eriercd.org)) by the date listed on MyDioErie 6b. > Important School Forms & Information.