Greenbush

Project STAY Behavioral Supports

Dear Parent or Guardian:

Your child's educational providers have requested that the Project STAY (Supporting Teachers and Youth) team provide assistance with your child's educational needs. Project STAY is a team of education professionals that provide support for children that exhibit challenging behaviors. Our team includes behavior analysts, a licensed clinical social worker, certified teachers, special education teachers and a licensed school psychologist.

Once we receive your consent, the Project STAY team will observe your child, review school records and visit with teachers. After reviewing the information, if services are needed, a meeting will be scheduled to discuss the findings.

Please sign and return the attached Consent for Services form so that we may begin. We look forward to working with you, your child and their teachers.

Sincerely,

The Project STAY team

Tommie Gonsalez
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Consent for Services

Student Name:

Parent/Guardian:

School:

Parent Phone Numbers: (h) _____ (w) _____ (c) _____

Parent Email Address:

Please check one:

❑   I give permission for my child to work with the Project STAY team.

      I understand that I may withdraw my consent at any time by contacting a Project STAY team member or my child's teacher or principal. I understand a withdrawal request should be made in writing.

❑   I choose to decline Project STAY services for my child at this time.

By signing this form, I am giving permission for Project STAY team members to communicate with me and my child's educational providers using any of the following forms of communication: verbally, in writing, email, or video conferencing. I understand this communication could contain my child's personal identifiable information.

_____   _____
Parent/Guardian Signature   Date