



## Project STAY Referral Form

Referral date: \_\_\_\_\_

Student name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Primary language: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Parent/Legal education decision maker(s): \_\_\_\_\_

Phone numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email address: \_\_\_\_\_

USD: \_\_\_\_\_ School district: \_\_\_\_\_

School: \_\_\_\_\_ School phone: \_\_\_\_\_

School contact for case: \_\_\_\_\_

School contact email address: \_\_\_\_\_

School contact phone number: \_\_\_\_\_

Has the Director of Special Education or designee been notified of this case?  Yes  No

Has there been any other agency/consultant recently involved in the case planning for this student?  Yes  No

If so, please list name and contact info:

List the strengths of the student:

Describe the academic abilities and/or talents of the student:

Describe those things that appear to motivate the student in some way:

What is the primary exceptionality of the student?

Describe the student's current special education placement:

Describe the behaviors of concern regarding the student:

Has the intensity of the student's behavior this year resulted in the use of Emergency Safety Intervention (ESI)?  Yes  No

If an ESI has been used, provide a log of all ESI incidents (seclusion/restraint) with dates and length of time (in minutes).

Describe the interventions, duration of each intervention, and data associated with each intervention.

List the medications currently being taken by the student:

Please list the student's schedule below:

---

Referring Teacher's Signature

---

Date

Note: Release of this information requires a completed Consent for Services form from the parent, as well. Please email both documents to [projectstay@greenbush.org](mailto:projectstay@greenbush.org).