



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.