



Specialized Learning Services — Project STAY

Supporting Teachers and Youth

Dear Parent/Guardian,

Your child's educational providers have requested that the Project STAY (Supporting Teachers and Youth) team provide consultation to assist the school personnel to better support your child in the learning environment. Our learning team includes behavior analysts, clinical mental health providers, certified special education teachers, and school psychologists.

Once we receive your consent, the Project STAY team will observe your child, review school records, and visit with teachers. After reviewing the information, conducting classroom observations, contacting you, providing recommendations for his/her school team will be developed and reviewed with all parties.

Project STAY Process



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

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GREENBUSH
THE EDUCATION SERVICE CENTER

Specialized Learning Services — Project STAY
Consent for Services & Authorization to Disclose Confidential Information

Student Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

School Name: _____

Parent/Guardian Name: _____ Email: _____

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

I authorize Project STAY – Education Service Center-Greenbush to:

☐ Release to ☐ Obtain from ☐ Discuss with

List parties that will be authorized to disclose or receive information:

This authorization should remain valid until _____ or one year from the date listed below.

Faculty, staff, or representative authorized to disclose/receive records:

Specialized Learning Services Consultation Team — Project STAY
947 W. 47 Hwy | Girard, KS 66743
Phone: 620.724.6281 | projectstay@greenbush.org

Authorizing Signature:

1. This authorization for disclosure of confidential records may include pertinent information in the realms of behavioral, educational, medical, psychological, and social histories and is made at my request for the purpose of education. This authorization for disclosure is voluntary. I can refuse to sign this authorization.
2. This authorization may be revoked by me at any time by written request.
3. I authorize the disclosure of the records described. I have read and understand this form. I am the student listed or a legal representative authorized to act on behalf of the student.
4. By signing this form, I am giving permission for the 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 videoconferencing. I understand this communication could contain my child's personal identifiable information.
5. My signature also releases, waives, and discharges Greenbush from any and all liability arising due to the disclosure of any confidential or personally identifiable information as well as for any loss or damage, claims or demands as a result of the use of electronic communication devices.

Signature of Parent/Representative

Relation to Student

Date