



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, a certified teacher and a special education teacher.

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.

If you have any questions or want to discontinue services, please call one of the Project STAY team members at (785) 331-5018 or your child's teachers or principal.

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

David Eichler
Educational Behavior Consultant

Rich Harrison
Educational Behavior Consultant

Tina Haefke
Licensed Clinical Social Worker

Lindsay McKanna
Educational Behavior Consultant

Kim Harrison
Clinical Social Work Consultant

Alice Corn
Assistant Director of Special Education



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, fax, video conferencing, or text message. I understand this communication could contain my child's personal identifiable information.

Parent/Guardian Signature

Date