



# 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:

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 strategies and/or interventions that have been tried thus far:

List the medications currently being taken by the student:

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:

Please list the student's schedule below:

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Referring Teacher's Signature

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Date

**Note: Release of this information requires a completed Consent For Services form from the parent, as well. Please fax both documents to Project STAY at 877.787.4966.**