

**SEQUATCHIE VALLEY HEAD START  
HEALTH/MENTAL HEALTH TRACKING FORM**

**Child's name:** \_\_\_\_\_ **Center:** \_\_\_\_\_

**Parent/Guardian name:** \_\_\_\_\_ **Date tracking begun:** \_\_\_\_\_

**The need/problem is:**

- |  |   |
|--|---|
| _____ low hct or hgb/anemia                                    | _____ failed vision screen/referred to eye doctor               |
| _____ needs dental exam  | _____ failed hearing screen/referred to doctor                  |
| _____ at risk for overweight                                   | _____ failed hearing screen/referred to speech & hearing<br>ctr |
| _____ at risk for underweight                                  | _____ failed dental exam/referred for treatment                 |
| _____ failed developmental screening                           | _____ social/emotional/behavioral needs identified              |
| _____ physical exam revealed an abnormality:(specify) _____    |   |
| _____ immunizations needed. List shots currently needed: _____ |   |
| _____ other health/mental health problem:please specify. _____ |   |

**Expected outcome:** \_\_\_\_\_

**Document below contacts made by Head Start staff regarding the above need/problem.**

**1)Date of contact** \_\_\_\_\_ **Employee's name** \_\_\_\_\_

**Summarize contact:** \_\_\_\_\_

**2)Date of contact** \_\_\_\_\_ **Employee's name** \_\_\_\_\_

**Summarize contact:** \_\_\_\_\_

**3)Date of contact** \_\_\_\_\_ **Employee's name** \_\_\_\_\_

**Summarize contact:** \_\_\_\_\_

**4)Date of contact** \_\_\_\_\_ **Employee's name** \_\_\_\_\_

**Summarize contact:** \_\_\_\_\_

**5)Date of contact** \_\_\_\_\_ **Employee's name** \_\_\_\_\_

**Summarize contact:** \_\_\_\_\_

**Date need met/problem solved:** \_\_\_\_\_