

CENTER: _____

CHILD MENTAL HEALTH-PARENT INVOLVEMENT FORM

CHILD'S NAME: _____ PARENT'S NAME _____

I would describe my child as: very active__ quiet__ anxious__ easily frightened _____
friendly__ shy__ talkative__ other _____

Do you have any specific concerns about your child's behavior or mental health? _____

Is your child presently receiving Mental Health/ Medical services or therapy? _____

Type of services or treatment : _____

Provider: _____

Release of Information signed for: _____

Has your child attended day care or any program before? _____ Where? _____

Do you anticipate any separation problems? _____

Do you have a request for any Mental Health Information? _____

Tracking form started: _____ Completed by Staff name _____

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CENTER INFORMATION

Teacher concerns: _____

Classroom observation date: _____ Concerns: _____

Suggestions: _____

Classroom observation date: _____ Concerns: _____

Suggestions: _____

Referral date: _____ Tracking form started: _____

Significant Health History or Comment: _____

Physical \Health Information reviewed: _____

Instructions for Child Mental Health/Parent Involvement Form

This form should be completed during the enrollment process. If possible, it is completed on screening day. If a child enrolls later in the year, it should be completed by the FPA, during the enrollment process.

If a child is receiving services from any provider, a Confidential Release of Information should be explained to the Parent and a signature obtained.

This form is to be placed in the Child Section of the Mental Health Notebook.

Teacher concerns: Any concerns should be noted by the staff on the first line.

Classroom observation date: should be used for Mental Health observations by an outside person. (The Observation Form recorded on the Teacher Checklist, is the one done for all children by the teacher.)

Suggestions: List here any suggestions made by your Mental Health Professional. These would be only the informal suggestions.

Significant Health History: List here any Health or developmental concerns.

Note: **The Mental Health Notebook** should be available for the Mental Health Professional.

The DECA Form and all DECA related forms should be included in the notebook also.