



## 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.

CENTER: \_\_\_\_\_

### CHILD MENTAL HEALTH-PARENT INVOLVEMENT FORM

CHILD'S NAME: \_\_\_\_\_ PARENT'S NAME: \_\_\_\_\_

I would describe my child as: very active \_\_\_ quiet \_\_\_ easily frightened \_\_\_ 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 treatment \_\_\_\_\_

Provider: \_\_\_\_\_ Release of information completed: \_\_\_\_\_

Has your child attended day care or any type of program before? \_\_\_ Where? \_\_\_\_\_

Do you anticipate any separation problems? \_\_\_\_\_

Any other information you would like to share about your child? \_\_\_\_\_

Do you have a request for any mental health, disabilities, transition or child development information? \_\_\_\_\_

completed by staff: \_\_\_\_\_

### CENTER INFORMATION

Teacher concerns: \_\_\_\_\_

DECA {classroom} completed date: \_\_\_\_\_ status: \_\_\_\_\_ parent-date: \_\_\_\_\_

Classroom observation date: \_\_\_\_\_ concerns: \_\_\_\_\_ suggestions \_\_\_\_\_

Classroom observation date: \_\_\_\_\_ concerns or suggestions: \_\_\_\_\_

Significant History: \_\_\_\_\_

referral date: \_\_\_\_\_ place: \_\_\_\_\_

tracking form started date: \_\_\_\_\_ staff: \_\_\_\_\_

Release of information to \_\_\_\_\_ date sent: \_\_\_\_\_

## **Sequatchie Valley Head Start Notification of Behavior Concerns Procedure**

Purpose: The Notification of Behavior Concerns form is to alert the Special Services Coordinator that a child has some behaviors that are of concern in the classroom and to determine the type of intervention necessary for a successful classroom experience

### **Instructions for form completion:**

#### **1. Complete all sections through additional comments.**

Indicate your reason for concern.

List difficulties and add some strengths

#### **2. Submit to the Special Services Coordinator**

Special Services Coordinator will complete the bottom section.

The LAP-D Scores and Physical will be reviewed.

(Health needs should always be considered in any behavioral situation, dental needs, allergies, earaches, medications, hunger, lack of sleep, and many other situations can be troublesome for young children and must be addressed if at all possible.)

Form will be returned to center with follow-up plan.

Sequatchie Valley Head Start  
Notification of Behavior Concerns

Child's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Center: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child has most difficulty with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DECA Scores: IN \_\_\_\_\_ SC \_\_\_\_\_ AT \_\_\_\_\_ BC \_\_\_\_\_

Has parent expressed concern? \_\_\_\_\_

Have you discussed concerns with parent? \_\_\_\_\_ Date: \_\_\_\_\_

Is there a Positive Guidance Plan? \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received: \_\_\_\_\_ Date: \_\_\_\_\_  
Follow up plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DECA Behavior Concerns Follow Up

Teacher: \_\_\_\_\_

Class: \_\_\_\_\_

\_\_\_\_\_ received a score of \_\_\_\_\_ for Behavior Concerns on the initial DECA. This score indicates a concern in that area. Please answer the following questions about this child by \_\_\_\_\_ and turn in to your Center Manager who will forward them to the Office.

Which of the following behaviors has this child exhibited that have been of concern to you? (Check all that apply)

- \_\_\_\_\_ Temper tantrums
- \_\_\_\_\_ Offensive language
- \_\_\_\_\_ Non-compliance
- \_\_\_\_\_ Destroying property
- \_\_\_\_\_ Aggression to other children (hitting, kicking, biting, or threatening)
- \_\_\_\_\_ Aggression to adults
- \_\_\_\_\_ Becoming upset or crying easily
- \_\_\_\_\_ Short attention span
- \_\_\_\_\_ Easily distracted
- \_\_\_\_\_ Plays by him/herself most of the time
- \_\_\_\_\_ Other (Please specify) \_\_\_\_\_

Which of the following positive guidance techniques do you *consistently* use to change/manage these behaviors? (Check all that apply)

- \_\_\_\_\_ Redirection
- \_\_\_\_\_ Ignoring
- \_\_\_\_\_ Teaching alternative behaviors (what to do instead)
- \_\_\_\_\_ Acknowledging the child's feelings
- \_\_\_\_\_ Keeping the child engaged in appropriate activities
- \_\_\_\_\_ Positive reinforcement (noticing when child behaves appropriately)
- \_\_\_\_\_ Offering choices
- \_\_\_\_\_ Making changes to your schedule, environment, or expectations for this child (please specify which) \_\_\_\_\_
- \_\_\_\_\_ Teaching problem-solving (using words to describe problem and having children come up with solution).
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Which techniques seem to be the most effective for this child?

MENTAL HEALTH PERSONAL  
SOCIAL RECORDING AND OBSERVATION SKILLS

- 1.GET TO KNOW YOUR CHILDREN
  - 2.COMPLETE OBSERVATION CHECKLIST ON EACH CHILD ( THIS IS NOT OPTIONAL IT WILL BE PART OF THEIR RECORD)
  - 3.COMPLETE AT LEAST ONE OBSERVATION FORM ON EACH CHILD- MORE IF NEEDED ( THIS IS NOT OPTIONAL IT WILL BE PART OF THE CHILD'S RECORD)
  - 4.COMPLETE DECA ASSESSMENT AFTER THE FIRST FOUR WEEKS OF ENROLLMENT.
  5. THE PERSONAL/SOCIAL LAP WILL BE COMPLETED AS PART OF THE LAP ASSESSMENT.
  - 6.ALL OF THE ABOVE INFORMATION IS TO BE USED IN PLANNING FOR THE INDIVIDUAL CLASSROOM NEEDS FOR EACH CHILD.
- CHILDREN WITH NEEDS AS INDICATED BY THE DECA PROFILE WILL BE ADDRESSED WITH SPECIFIC PLANS




## POSITIVE GUIDANCE PLAN MEETING WITH PARENTS

This form is to be completed with the parents to record discussion and or concerns. It is used to provide information for plan a program for their child.



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## Individualized Positive Guidance Plan

Date: \_\_\_\_\_ Individual  
Color—Yellow

Child: \_\_\_\_\_ Age: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Behavior: \_\_\_\_\_

Planned Changes to Reduce the Use of this Challenging Behavior

Our Goals for \_\_\_\_\_

Our Expectations of \_\_\_\_\_

Environment (classroom arrangement, outdoor play areas, materials and equipment)

Daily Program (schedule, routines, and transitions)

Activities and Experiences

Supportive Interactions

Partnerships with Families


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Use this optional form in **Steps 4** and **5**, to plan ways to address a **behavioral concern**.

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## Individualized Positive Guidance Plan (continued)

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Planned Changes to the Consequences of this Challenging Behavior  
Response of Children

Response of Teachers

The Child's Experiences

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Strategies for Teaching an Appropriate Substitute Behavior  
Program

Home

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Plan for Addressing Contributing Factors for the Challenging Behavior  
Program

Home

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Communication Between Home and Program (Include who, how, and when.)

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Date when teachers and family will review child's progress:

### Pre-referral Checklist

This form is to be completed by Child's teacher and is to accompany the Mental Health Referral. Circle all statements that apply to the child being referred. This form is to be discussed with the parent and signed by the parent.

## Pre-Referral Checklist

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Center: \_\_\_\_\_ Teacher: \_\_\_\_\_

### CIRCLE ALL THAT APPLY

1. Behaves inappropriately for a situation.
2. Behaves impulsively, with self-control.
3. Exhibits extreme mood changes.
4. Is unpredictable.
5. Ignores consequences for behavior.
6. Is easily overexcited.
7. Does not use materials appropriately (allow for creativity)
8. Responds adversely to redirection.
9. Has difficulty with transitions.
10. Needs immediate rewards/reinforcement.
11. Does not participate in teacher or child directed activities.
12. Engages in inappropriate behaviors related to bodily functions.
13. Demonstrates self-destructive or abusive behaviors to peers or adults.
16. Speaks in unnatural voice.
17. Exhibits lack of eye contact.
18. Responds adversely to being touched, brushed or bumped.
19. Whines or cries frequently.

Date discussed with parents: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## Mental Health Referral

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Center: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date of referral \_\_\_\_\_

Reason for referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any actions or plans used to solve these problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General classroom behavior: \_\_\_\_\_  
Teacher Observation  
\_\_\_\_\_  
\_\_\_\_\_

Class activities /response to routine: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher/child Involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Peer Involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send the following with this referral:  
Parent Release of Information  
Pre-referral Checklist  
Documentation of meeting with parents

## **Notification of Classroom Observation**

This is to be sent to parents prior to Classroom observation.  
Make appropriate number of copies to be sent home.  
Place a copy of a completed on in the notebook.

1. Notification of Mental Health professional on site visit.
2. Notification of Mental Health Professional visit with Parent Meeting

Notification of Mental Health Professional at center.

To: All Parents

Date: \_\_\_\_\_

Center: \_\_\_\_\_

Sheila Beard, our Mental Health Professional, will be in your Center on: \_\_\_\_\_.

She is there to observe our classrooms, and in turn help us to have better classrooms for your children.

She is also available to meet with our parents. If you wish to talk with her on that day, please come by the center.

To: All Parents

Date: \_\_\_\_\_

Center: \_\_\_\_\_

Sheila Beard, Our Mental Health Professional, will be in your child's classroom on \_\_\_\_\_.

She is there to observe our classroom, so we can provide a Mentally Healthy classroom for your child.

She is also available to meet with our parents. If you wish to talk with her on that day, please come by the center.

To: All Parents

Date: \_\_\_\_\_

Center: \_\_\_\_\_

Sheila Beard, our Mental Health Professional, will be in your child's classroom on \_\_\_\_\_. She is there to observe our classroom, so we can provide a mentally health classroom for your child.

She is also available to meet with our parents. If you wish to talk with her on that day, please come by the center.

# MENTAL HEALTH CLASSROOM CHECKLIST

Center: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_

## Environment

- Does the environment foster independence by developing the following self-help skills?
  - Do children participate in meal time by setting and clearing table? \_\_\_\_\_
  - Do children serve themselves? \_\_\_\_\_
  - Wash hands independently or with reminders? \_\_\_\_\_
  - Are classroom rules posted and reviewed with children? \_\_\_\_\_
  - Are they written in a positive manner? \_\_\_\_\_
  - Are educational materials used to reinforce the development of positive behaviors? \_\_\_\_\_
- Do lesson plans, individualization sheets and classroom activities indicate that the following are being addressed?
  - Social/Emotional needs \_\_\_\_\_
  - Positive self-image \_\_\_\_\_
  - Turn-taking and Cooperation \_\_\_\_\_
- Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Classroom staff encourage self-control by setting clear consistent limits and having realistic expectations and using positive techniques by:

- Modeling expected and acceptable behavior \_\_\_\_\_
- Redirecting children to acceptable activities \_\_\_\_\_
- Intervening to stop unsafe behaviors \_\_\_\_\_
- Modeling respect for feelings of others \_\_\_\_\_

- Do the activities engage children emotionally and physically in an age appropriate manner? \_\_\_\_\_
- Does staff acknowledge children's feelings? \_\_\_\_\_
- Is problem solving encouraged? \_\_\_\_\_

## Communication

- Does the staff engage in informal conversation with the children? \_\_\_\_\_
- Is communication with other children and staff encouraged at meal time? \_\_\_\_\_
- Are efforts made to comfort upset children in an appropriate manner? \_\_\_\_\_





CONSULTANT FORMS  
FOR  
CLASSROOM OBSERVATION

SCHOOL PSYCHOLOGIST

This form should be completed for special mental health observations. If an individual observation or service is to take place in a Head Start Center this form should be completed.

Make sure all lines are completed.

Mental Health Provider

This form should be completed for an individual observation by a Mental Health provider. A Confidential Form can also contain the information needed for the observation.

If other observations are to take place in our center, please contact the Special Services Coordinator.

## Mental Health Observation Form

I, \_\_\_\_\_, give my permission to the Sequatchie  
Parent/Guardian \_\_\_\_\_

Valley Head Start Mental Health Provider, Calvilyn Allmon, LCSW to observe my child,

Child's Name \_\_\_\_\_, in the Head Start Center.

The Mental Health Provider will have access to all screening, medical, and LAP-D information. The center visit and observation will be discussed with the parent and staff. The records are confidential and will be kept in a locked cabinet.

She may share her observation with the center staff.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff explaining form

\_\_\_\_\_  
Date

### First DECA Letter

To be completed by teacher and noted on the first Conference Form, or when it is presented to the Family.

If at all possible a copy should be placed in the child's file.

Child's Name: \_\_\_\_\_

Center: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Parent:

Thank you for your cooperation during our enrollment process. Completing all the forms, sharing your child with us, and being an active partner in your Child's program is very important to us and your child. The DECA Form, you completed was a very valuable contribution to our understanding of your child.

The DECA, the Devereux Early Childhood Assessment, is a tool we use as a behavioral and social screening, and a guide for classroom planning. The use of this tool helps us develop and provide a healthy social and emotional atmosphere for your child.

We do wish to share all information about screening with parents or guardians of the children.

When you completed your DECA parent checklist you indicated:

Concerns: \_\_\_\_\_

Typical areas: \_\_\_\_\_

Strengths in these areas: \_\_\_\_\_

The teacher DECA indicated the following:

Strengths: \_\_\_\_\_

Concerns: \_\_\_\_\_

Typical: \_\_\_\_\_

Teacher \_\_\_\_\_

Our Mental Health Professional is available to meet with you, if you wish to make an appointment, please call the center.