

AEOA Head Start
Referral for Mental Health Consultant Observations and Services

The Teacher or Home Base Educator listed below is making a referral for Mental Health Consultant observation or services for the child listed below.

- The Teacher or Home Base Educator will complete all information below and **email the completed form to the Disability and Mental Health Manager (DMHM) and the Information Systems Specialist.**
- The DMHM will review and complete the bottom section of the form.
- **Form naming convention:** RFMHC-CPID#-FirstNameLastName-Site-DateOfRequest

Date of request for Mental Health Consultant Observation/Services _____

Child's Name _____ Site _____ CPID # _____

Summary of concerns, behaviors observed, and reason for requesting Mental Health Consultant observation/services:

The following referrals and interventions have been completed by Teacher or Home Base Educator (check all that apply):

- Behavior Tracking Tool form completed and submitted to the office
- Social-Emotional Observation Referral submitted (CRF)
- Mental Health Outside Referral submitted (CRF)
- Swivl Video used to capture behaviors and shared with DMHM and Program Manager
- Program Manager observation completed
- Teacher-Parent meeting/conference to discuss behaviors

Summary of behavior interventions already implemented. Include any daily classroom modifications attempted.

Teacher/Home Base Educator: Email completed form to site DMHM and Information Systems Specialist

To be completed by DMHM upon receiving the form:

- Approved and emailed to HS Mental Health Consultant.

DMHM notes for MHC:

DMHM to complete the bottom section and email to MHC

DMHM to notify Teacher/Home Base Educator and Program Manager if request is being held for additional follow-up