MENTAL HEALTH CONSULTATION REQUEST

To be completed by site staff and submitted to mental health consultant prior to consultation

Child_____ Preferred language_____

Age_____ Parent/Guardian(s)_____

Name and relation of those in household _____

_____

Lead Teacher_____ FSS_____

Date Release of Information obtained _____ (Copy attached)

Child's Strengths:

Brief description of concern:

1) What did you observe?

2) When did you observe it?

3) How frequently does it occur?

4) How is it impacting the child in the classroom / other students / staff?

5) Are there any recent transitions or changes in the family?

6) In conversations with the family, how is it impacting the child at home?

7) Background information that may be pertinent to current concern:

8) Special needs of the child:

9) Is the family currently working with any providers?

Previous interventions:

1) What have you tried so far?

2) What was the result?

3) What positive outcome(s) would you like to see?

Washington State Department of Early Learning

Snohomish County
Early Childhood Education and Assistance Program

Snohomish County Human Services

MENTAL HEALTH CONSULTATION

To be completed with MH specialist during initial consultation

Child_____ Consultation Date _____

Age_____ Parent/Guardian(s)_____

Name and relation of those in household _____

_____

Lead Teacher_____ FSS_____

Mental Health Consultant _____ Observation Date _____

Clinical impressions of the assessment:

Suggested interventions or strategies:

1) **At home:**

2) **At school:**

Additional resources or referrals:

Steps that will be taken (including those persons responsible):

Washington State Department of Early Learning

Snohomish County
Early Childhood Education and Assistance Program

Snohomish County Human Services

MENTAL HEALTH CONSULTATION FOLLOW-UP

To be completed during follow-up consultation

Child_____ Consultation Date_____

Age_____ Parent/Guardian(s)_____

Name and relation of those in household _____

_____

Lead Teacher_____ FSS_____

Mental Health Consultant _____ Observation Date _____

Progress since last consult:

Significant changes in child's life since last consult:

Next steps: