

**SOUTHWESTERN COMMUNITY ACTION COUNCIL, INC**  
 CHILD AND FAMILY DEVELOPMENT PROGRAM  
 HEAD START/EARLY HEAD START  
 1100 MONROE AVENUE, HUNTINGTON, WV 25704  
**Mental Health Contacts**

MH Consultant \_\_\_\_\_ Center \_\_\_\_\_

Purpose of Visit (Please date & check one of the following)

Date	Classroom Observation	Teacher Consultation	Parent Education	Parent Consultation	Parent Conference (Behavior)	Other

**COMMENTS/RECOMMENDATIONS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERRAL:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This section to be completed when acting on a referral for a specific child/parent:

**Name of Child/Parent** \_\_\_\_\_

Record Date in Appropriate box.

1 <sup>st</sup> Observation/Consultation Date:	2 <sup>nd</sup> Observation/ Consultation Date:	3 <sup>rd</sup> Observation/Consultation Date:
---	--	---

**RECOMMENDATIONS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERRAL:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_