



UMATILLA MORROW HEAD START, INC.

PARENTAL PERMISSION FOR MENTAL HEALTH CONSULTATION

I give permission for Umatilla-Morrow Head Start's mental health consultant to gather information about _____ to assist in developing and providing planned activities and supports in the classroom that will foster positive social-emotional development. This may include reviewing her/his Head Start file, consulting with Head Start staff, asking Head Start staff to gather information on her/his classroom functioning, asking parents and staff to complete social-emotional assessment inventories, and observing her/him in the classroom. I understand the mental health consultant will be a mental health professional on staff or with an agency that Umatilla-Morrow County Head Start has an interagency agreement.

If the mental health professional recommends developing an individualized prosocial guidance plan for her/him in the classroom, I will be invited to participate in its development.

If the mental health professional feels that he/she could benefit from mental health treatment services they will meet with me to discuss a possible referral. A referral by Head Start for mental health treatment services can only be made with my written permission.

I understand that all information collected by the mental health consultant will be kept confidential and can only be released with my written permission.

Child's Name (Please Print)

Parent's Signature

Date

Print Parent's Name

Staff's Signature

Date

I want to set up a meeting with the mental health consultant to discuss the information gathered. Yes ___ Initial
 No ___ Initial