

## Request For An Individual Child Observation

(Hot Sheet)

CF/MH-5 Revised 1/17

(optional)

The purpose of this mental health referral form is to provide information to the social emotional health consultant when requesting an individual child observation. This form can be completed at Child Success Team (CST) meeting by staff (i.e. Teacher, Supervisor, Specialist, FSW etc.) as part of obtaining parent permission and to support the referral process.

1. Complete the top portion of the form regarding the child's name, date of birth, gender, site/class, names of Teacher or Child Care Specialist and parent/guardian, and phone, cell, or other phone number.
2. Complete the next section regarding language spoken in the home and if the social emotional health consultant will need an interpreter to support observations of the child.
3. Provide the child's enrollment date and score on the screening tools (ESI, ASQ-SE, ASQ) for example if the child scored below or close to refer range (ESI/ASQ) or above cut off range in ASQ-SE.
4. Ask the parent/guardian if the child takes daily prescribed medication with yes/no response and if yes, please list the medication(s) the child is currently taking.
5. Provide answers to the following questions at Child Success Team Meeting:
  - ***Does the child receive special education services?*** Respond Yes or No. If yes please state what those services are for example; Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) and include the services provided under the IEP or IFSP for example, speech therapy, physical/occupational therapy, special education teacher etc.
  - ***What are the presenting behaviors?*** List the child's behaviors staff/provider and parent/guardian are concerned about for example; angry outbursts, lack of impulse control, tantrums lasting over 10 minutes and frequent, aggressive actions (kicking, biting, hitting, throwing items...), reclusive etc.
  - ***Are the behaviors evident at home and classroom/family child care home (FCCH)?*** Circle "Y" for Yes or "N" for No. Provide explanation of what behaviors have been observed at home (by interviewing parent/guardian at CST meeting) and include what the teacher or provider has observed in the classroom/FCCH.
  - ***What classroom/FCCH strategies have been used?*** List all the strategies to support the child's behavior that the teacher/provider has already used.
  - ***What strategies have parent/guardian used in the home?*** List all the strategies to support the child's behavior that the parent/guardian has already used.
6. Once complete distribute copies of this form as follow; White: (RHS/EHS) Grantee Disabilities Supervisor or (MSHS/MEHS) Delegate Disabilities Coordinator, Yellow: Child File and Pink: Parent/Guardian.
7. The Grantee Disabilities Supervisor or Delegate Disabilities Coordinator notifies social emotional health consultant of request for an individual child observation and provides referral information.