



# **Mental Health Reports**

# Little Beginnings Childcare

## 3610 - Mental Health Observation and Recommendation Worksheet

Program Term: Head Start 2016-2017, Agency: Little Beginnings Childcare

**Little Beginnings Childcare - Faith House Center - Classroom A**

Child Name: Hayward, Jason Parent: Jay Hayward  
 Birthday: 01/18/12 Age: 4y 8m Parent Permission Signed: Yes  
 Programs: \_\_\_\_\_ Race: Multi-racial/Biracial Gender: M Consultant: \_\_\_\_\_  
 Diagnosed Disability: Speech or language impairment

Date of Observation: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Pertinent Behavior:

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Recommendations:

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Referral      Follow-up      Treatment      Other: \_\_\_\_\_  
 Source: \_\_\_\_\_ Ref To: \_\_\_\_\_ Date: \_\_\_\_\_ Stat: \_\_\_\_\_  
 Description: \_\_\_\_\_ PVD: \_\_\_\_\_ FND: \_\_\_\_\_

10/3/2016  
 11:07 am  
 trainee

**Little Beginnings Childcare**  
**3620 - Mental Health Activity Record**

Program Term: Head Start 2016-2017, Agency: Little Beginnings Childcare

**Child Name:** Hayward, Jason      **Birthday:** 01/18/2012  
**Parent:** Hayward, Jay      **Phone:** (555) 690-4286  
**Living Address:** 7884 Roswell Rd, Atlanta, GA, 30350  
**Mailing Address:** 7884 Roswell Rd, Atlanta, GA, 30350  
**Diagnosed Disability:** Speech or language (Primary)  
 impairment  
**Program:** HS      **Status:** Enrolled      **Site/Classroom:** Faith Classroom A

**Parent Permission Signed?** Yes      10/01/2016      **Teacher:**  
**Consultant Assigned?** No      **Consultant:**      **Treatment Status:** I - In Treatment Process

**Most Recent Transaction Data**

**Most Recent Observation Data**

**Date:** 10/6/16      **Type:** TXT      **Referred To:**      **Status:**      **Compl Date:**      **Date:** 9/30/16      **Source:** CON

**Observation Notes**

**Observation Date:** 09/30/2016      **Source:** Consultant      **Total Minutes:**  
 Summary 09/30/2016:  
 Recommendation 09/30/2016:  
 Mental Health Consultant recommends the child have a consultation with a Mental Health professional in her office.

**Observation Date:** 09/15/2016      **Source:** Teacher      **Total Minutes:** 30  
 Summary 09/15/2016:  
 biting, kicking and screaming  
 Recommendation 09/15/2016:  
 referred to Mental Health Consultant

**Transaction Notes**

Type	Source	Refer To	Date	Status	Provider
TXT	CON		10/06/2016		M
REF	CON	MHC	09/30/2016	N	
<b>Note:</b> 09/30/2015 admin: see notes from observation on 09/30.					
REF	TEA	MHC	09/15/2016		