

**NOCAC Head Start  
Mental Health Child Observation Consent**

**Permission for Mental Health Observation**

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**Child's Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, give my permission for the NOCAC Head Start Program's Early Childhood Mental Health Consultant to observe my child while involved in Head Start activities. These observations will take place in the fall and spring. After this observation, the Head Start staff, including the Mental Health Consultant, will inform me of the results of the observation and any recommended services. I understand that I may ask to speak with the Mental Health Consultant at any time regarding their observation of my child.

Head Start Performance Standards require that our program consult with professionals to help our staff and parents implement strategies to identify and support children's social and emotional behavior and to assist with interventions as needed. We utilize a mental health professional to ensure the mental health and social emotional needs of children are being met in the classroom. This professional completes routine observations in classrooms and may discuss specific behaviors and strategies observed during those observations with teachers to, again, ensure we are meeting the needs of all children. Our program contracts with Children's Resource Center for routine classroom observations, staff and parent consult, and other individual needs for children and families. If a child's behavior becomes an issue with their participation in the program, we will utilize our consultant from Children's Resource Center to assist us, as staff, in identifying ways to support the child and family with appropriate interventions. Our mental health consultants will not meet with a child or do a specific child classroom observation/assessment without express written consent from the parent. Additional consent from the parent will be required prior to any individual observations that may be recommended due to ongoing concerns.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff's Signature**

\_\_\_\_\_  
**Date**

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1. Please describe any concerns you may have about your child's development or physical health:
  
  2. Please describe any concerns you may have about your child's behavior:
  
  3. Is there anything that is currently happening in your child's environment that may be contributing to any concerns you may have listed? Please explain: