

Monthly Contact Form
Children Receiving Mental Health/Behavioral Treatment

Child's name: _____ **Head Start Classroom:** _____

Counselor/Case Manager Name: _____

Date of Contact: Email/Call date: _____ Counselor responded on: _____

Left Voicemail: YES NO Date _____

2nd Attempt: _____

Phone # or email:

Family contact information up to date? _____

Appointments:

Any appointments scheduled for this child? If so, when? _____

Parent:

Family concerns? _____

Student:

Student concerns? _____

We worked on these goals last month:

What goal(s) are you focusing on this month?

Date of next phone call or email:

Notes for Family Advocates:

Any comments written in this section need to be shared with the FAs:
