

Mental Health Individual Observation

I, _____, hereby give my consent to
(Parent/Guardian)

to _____, to observe my child,
(Name of Mental Health Consultant)

_____, for the purpose of conducting
(Name of Child)
an individual observation.

After this observation, the Head Start/Early Head Start staff and the mental health provider will advise me of the results of the observation and any recommended services.

**I understand that written reports will be made available to me if requested, and placed in my child's records at _____ and at
(Mental Health Provider Agency)**

_____.
(HS/EHS Program)

Observation reports will not be released to any other person or agency without my written permission.

This *consent is valid for _____ days.

(Signature of Parent/Guardian)

(Signature of Consultant)

(Address)

(Date)

(Telephone)

[*Consents must be reviewed every 90 days.

