

**Highland Rim Head Start  
SOCIAL/EMOTIONAL  
PARENT – TEACHER REFERRAL**

In order to ensure that every child is healthy physically and emotionally, Highland Rim Head Start contracts with a mental health professional to provide observations and appropriate recommendations regarding a child’s behavior and emotional well-being. By signing this form, you acknowledge that your child may be exhibiting undesired behavior(s) either at home or at Head Start, and give the Highland Rim Head Start **Health Services Manager** and the Mental Health Consultant permission to observe your child in the classroom and individually if necessary. Please indicate in the space below why you feel a mental health referral is needed at this time.

<b>NAME OF CHILD</b>	<b>CENTER/CLASSROOM</b>
<b>DATE OF BIRTH</b>	<b>MAILING ADDRESS</b>
<b>PRINTED NAME OF PARENT/GUARDIAN</b>	<b>PHONE NUMBER:</b>

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Yes, I give my permission to Highland Rim Head Start to refer my child for individual and classroom observation by the Mental Health Consultant.
- No, I do not give my permission to Highland Rim Head Start to refer my child for individual and classroom observation by the Mental Health Consultant.

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 HEAD START TEACHER SIGNATURE

\_\_\_\_\_  
 DATE