Head Start offers their children many opportunities to be the best they can be. Part of our services include the services of a Mental Health Consultant who assists the center director teachers and staff in their efforts to help your child grow physically, intellectually, socially and emotionally.

Your child, _______________ has been referred to me as needing additional help in the classroom. In order for us to offer this help we need your permission for our consultant, from Turning Point Hospital, to observe your child and to recommend further evaluation if needed. The therapist will need information from you, the teacher, and the child in order to offer your child the best services.

The therapist will be asking for your input into a plan for your child to be developed with the staff, herself and your child. All information will be confidential and shared with only those persons in the Head Start Program who will be helping put your child’s plan in force. Please schedule an appointment with your Family Services Worker. Your permission will be obtained if there is a need to share this information outside the Program.

Please sign if we can begin working with your child. We will be asking for your input soon.

_____ Yes, Turning Point may evaluate my child.

_____ No, Turning Point may not evaluate my child because:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

___________________________  ________________________________
CHILD     PARENT

___________________________  _________________________________
DATE     HEAD START STAFF

If you have questions, please call your Family Service Worker at the center or me at 706-722-0493 #131.

Devin H. Smith, Specialist
CSRA-EOA, Inc., Head Start

Diana Avery, Specialist
CSRA-EOA, Inc., Head Start