

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane County Head Start/ECEAP/EHS MENTAL HEALTH CONSULTANT DOCUMENTATION

Child's name _____ Parent's name _____

Date of MHC appointment ____/____/____ Site _____ Classroom _____ AM PM Full day

MHC met with: _____

Session content: _____

Impression: _____

Plan: _____

Follow up appointment ____/____/____ Time: _____

MHC made a referral to: _____ Phone _____

MHC signature _____

White—Child's file

Yellow—Mental Health Consultant