

**EARLY CHILDHOOD MENTAL HEALTH CONSULTATION -- CONSULTANT MONTHLY ACTIVITIES REPORT:
PROGRAM LEVEL/GENERAL CONSULTATION ACTIVITIES¹**

Complete this form each month, compiling the number of hours or events within each category.

Staff Name: _____ **Site:** _____ *(Please use separate sheet for each site)*

Reporting for the **Month/Year** of: _____

On-Site Consultation total Hours for Month:	Hrs.
On-Site classroom hours for month	Hrs.
On-site home visitation hours for month	Hrs.
REFERRALS & INFORMATION- Indicate below the number of unduplicated parents , children, teachers and administrators who received any one referral to outside services or agencies during this month.	
Parents	
Child	
Teachers/Staff	
Administrators (Director, Supervisor)	
Parent Individualized Contacts —Indicate the number of unduplicated parents & families with whom you had Individual meetings, home visits, or other individual contact during this month.	
Home visits	
Parent meetings	
Child Individualized Contact —Indicate the number of unduplicated children with whom you provided individualized screening, assessment, or support (including targeted support in the classroom) during this month.	
Individual child screening or assessment as assigned or referred for consultation	
Individualized child support	
Program Level Consultation —Indicate below the number of times you provided each of these types of consultation during this month.	
General classroom/milieu observations	
General classroom interventions, modeling, support	
Meetings with staff to discuss classroom management, environment, etc.	
Meetings with staff to discuss particular children or families (child and family-centered)	
Meeting with staff to support staff wellness/stress reduction	
Formal trainings for staff	
Formal trainings for parent groups	
Teacher/Staff rapport-building activities	
SYSTEM CONSULTATION (Administrator, Director, Home Provider, CCRR)	
Consultation re: program/site planning, program work groups, strategic plans	
Collaboration/integration activities with administrators (mental health policy, approach, services)	
COMMUNITY OUTREACH	
Community education about mental health	
Recruiting families for parenting groups (Parent nights)	
Promoting Head Start services with community organizations (Child care sites, staff meetings)	
Community Trainings: <i>(Please list each Topic, Site, and Date presented)</i>	# of Staff Trained

Describe any other activities of note this month: _____

¹ Adapted from Morrison Child & Family Services' Early Childhood Program "Consultant Monthly Activities Report". (2011). Portland, OR.