



Pennsylvania Early Childhood Mental Health Consultation Request for ECMHC Services Form

*Return to Regional ECMH Program Upon Completion: _____

Date _____ Case ID (assigned by consultant) _____

Child's Name: _____ Date of Birth: _____

What is the primary reason for your request? (check the area that most closely matches your concerns)

- Attachment** (ex. does not seek familiar adults for comfort, displays very little emotion or is emotionally independent, wariness/on-guard, fearfulness, rejection or avoidance of touch)
- Self-regulation** (ex. tantrums, inconsolable "fussiness" or irritability, incessant crying, poor impulse control, inability to comfort/calm self, and limited coping skills with emotions/stress)
- Communication** (ex. limited or no communication (including non-verbal), lack of language that is considered developmentally appropriate)
- Aggression** (ex. any attempt or physical contact with another person in the form of hitting, kicking, biting, choking, pushing, poking, pulling hair, spitting, throwing things with directional intent)
- Interaction** (ex. withdrawn, difficulty playing, sharing or exchanging materials with others, difficulty take turns; little interest in sights/sounds/touch)

Use this area to further explain your concerns:

Child Information:

Gender: Male Female

Race/Ethnicity:

- American Indian/Alaskan Native (not Hispanic)
- Asian (not Hispanic)
- Black or African American (not Hispanic)
- Hispanic (any race)
- White (not Hispanic)
- Multi-Racial (not Hispanic)
- Native Hawaiian or other Pacific Islander (not Hispanic)
- Unknown

Does this child receive Child Care Works Subsidy? yes no

Does the child have an IFSP or IEP? yes no

What other agencies are involved with this child/family? Child Welfare Child Mental Health EI 0-3 EI 3-5 Case Management Services Head Start Pre-K Counts Home Visiting

Have you discussed your concerns with child's parent(s)? What is their understanding of your concerns?



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Facility Information

Facility Name: _____ MPI # _____

Director Name: _____ Facility Type: Center Family Group

Address: _____

Phone _____ Fax: _____ Email: _____

County: _____

STAR Level: STAR 1 STAR 2 STAR 3 STAR 4 Accredited

My program is in the following Early Learning Resource Center (ELRC):

Table with 7 columns and 3 rows of numbered boxes (1-21) for ELRC selection.

Facility Director Signature: _____ Date: _____

Classroom Information (for referred child):

1. Teacher Name: _____ PD Registry ID #: _____

Education Level: HS CDA AA BA/BS Masters Non-related degree

2. Teacher Name: _____ PD Registry ID #: _____

Education Level: HS CDA AA BA/BS Masters Non-related degree

Classroom Name: _____ #Children in classroom: _____ Age Range in Classroom: _____

TO BE COMPLETED BY CLASSROOM STAFF –

Have you completed a screening for this child? No Yes; please list tool/results _____

What do you perceive is the primary reason for child’s behavior? (please pick one)

- Needs Attention
Does not like to do what he/she is told
Always needs to get his/her own way
Wants to help others
Doesn’t know how to follow rules

Provide additional reasons here: [Empty box for notes]



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Please list strategies you have tried; and the results.

- Ignore behavior
- Take away toys/snack
- Redirect
- Give extra attention
- Time Out

Describe results of strategies:

The statements below describe how some teachers might feel about a child in their classroom. Please indicate how strongly you agree with each statement based on the child you are referring for ECMHC. Remember there are no right or wrong answers, so please give your honest opinion and feelings. (Gilliam & Reyes, 2016)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
This child's classroom behaviors interfere with my ability to teach effectively.	1	2	3	4	5
This child's classroom behaviors interfere with my ability to maintain control of the class.	1	2	3	4	5
This child's classroom behaviors interfere with other children's opportunity to learn.	1	2	3	4	5
This child's classroom behaviors may result in someone getting hurt or property being damaged.	1	2	3	4	5
This child might do something for which I would be held responsible, reflecting poorly upon my teaching skills.	1	2	3	4	5
Other parents complain about this child's classroom behaviors.	1	2	3	4	5
This child's classroom behaviors are not likely to improve significantly.	1	2	3	4	5
There is little that I or anyone else can do to significantly improve this child's behavior.	1	2	3	4	5
This child's parents will not be much help in improving this child's behavior.	1	2	3	4	5
My job as a teacher would be easier if this child were not in my classroom.	1	2	3	4	5
My job is more stressful because of this child's behaviors.	1	2	3	4	5
Some mornings I find myself hoping that this child will be absent from my classroom.	1	2	3	4	5