

**East Missouri Action Agency, Inc. Head Start
HEALTHY LIVING COUNSELOR REPORT**

Location _____ On site ___ Phone ___ Date _____ Time _____ to _____

CHILDREN

FIRST VISIT includes: During the first, and each, visit the Healthy Living Counselor reviews & dates the Mental Health Screening Follow-Up, and works with staff/parents regarding children for whom there are concerns, as well as perhaps the children themselves.

- 1) For children for whom there are concerns, the Healthy Living Counselor observes child and/or meets with child's teacher and helps in Developing Classroom Strategies for Social-Emotional Supports, if needed.
- 2) As needed, the Healthy Living Counselor fills out relevant portions of the Observation & Classroom Strategies Sheet and attaches.
- 3) If crucial, the teacher and Healthy Living Counselor can work on the Classroom Strategies even if the child is not present.
- 4) Classroom team implements Classroom Strategies. Healthy Living Counselor follows up on the next visit _____ (Date)

A. Children with concerns: (Name/concern)	Teacher's name	Observed	Follow-up
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____

B. General observation/interaction in classroom Teacher's name: _____ Comments: _____ (cont. on back)

FAMILIES

A. Discussed the following families' situations: (Name/situation)

- _____ Talked with _____ (staff) ___ Phone contact/met w/parent at home/center
_____ Talked with _____ (staff) ___ Phone contact/met w/parent at home/center
_____ Talked with _____ (staff) ___ Phone contact/met w/parent at home/center

B. **Facilitated a referral for mental health services for:** _____

Was it referred outside Head Start? ___ yes ___ no

If child/family was referred outside of Head Start, did they receive the MH services? ___ yes ___ no

C. Provided the following parent program: _____

STAFF

A. FALL VISIT includes: Reviewed Healthy Living Checklist that each staff fills out in October/November.

Number of staff at site _____ Number of Healthy Living Checklists reviewed _____

B. Counseled staff: Number of staff who participated in discussions: ___ for the first time ___ additional time

C. Provided the following group staff training (usually second semester): _____

OTHER

___ Participate in a one to two hour planning session before the beginning of provision of services for the year.

___ Regular consultation with Mental Health Specialist

___ Health Services Advisory Committee

___ Participate in an Area Coordinator/Program Specialist team meeting annually. Report on tabulation of staff responses to the "Healthy Living checklist."

SIGNATURES

Site Manager/Mental Health Specialist signature _____

Healthy Living Counselor signature _____

original: center *pink* file cc: Healthy Living Counselor, Teacher & MH Specialist (include Classroom Strategies)