MENTAL HEALTH SCREENING FOLLOW-UP

For Health Living Counselor to Review

Teacher: ________________________________ Center:_________________________________

Directions: Enter children's scores before each Healthy Living Counselor visit. Put this form in Health Living Counselor pink file.

Scores at 1.5 SD (~93% OK)	
Age	**PD**
PARENT Q DIAL-4 SELF-HELP	
3:0-3:5	0-17
3:6-3:11	0-20
4:0-4:6	0-22
4:7-4:11	0-25
5:0-5:5	0-27
PARENT Q DIAL-4 SOCIAL	
3:0-3:5	0-28
3:6-3:11	0-30
4:0-4:6	0-31
4:7-4:11	0-33
5:0-5:5	0-34
DIAL-4 BEHAVIORAL	
3:0-3:5	24-54
3:6-3:11	20-54
4:0-4:6	14-54
4:7-4:11	11-54
5:0-5:5	10-54
Note: PD = Potential Delay. Other scores are in the OK range.	

Classroom Children		Parent Q DIAL-4 Self-Help		Parent Q DIAL-4 Social		DIAL-4 Behavior		Social-Emotional Checklist			(1) Concerns 1-5	HL Date	(2) Concerns 1-5	HL Date	(3) Concerns 1-5	HL Date	(4) Concerns 1-5	HL Date
Name	Birth date	Score	OK/PD	Score	OK/PD	Score	OK/PD	Often -#	Some-times - #	Never -#								

revised 6/18