CGC Child-Focused Consultation Referral Form

Once a referral is submitted the CGC Mental Health Consultant will outreach the child's caregiver(s) to share details of the service, get their insights and opinions on the child's strengths and challenges, and begin to build rapport. With caregiver consent, the MHC will then observe the child in the classroom environment for 1 hour. The MHC will then lead a feedback session that will include the child's caregiver, classroom head teacher and other CLC staff to co-create a support plan. Written documentation of the observation and support plan will be provided to both the child's caregiver and CLC staff.

If you have any questions, please reach out to CGC Project Director: SAMHSA Early Childhood Therapeutic Partnership Kate-Lynd Murphy, LCSW at murphyka@chc1.com

* Indicates required question

1. Email *

2. Referral Source *

3. Date of Referral *

Example: January 7, 2019

4. Please attached the CLC consent form signed by the Child's Caregiver/Legal Guardian

   Files submitted:

5. Child's Full Name *

6. Child's Date of Birth *

Example: January 7, 2019

7. Child's Start Date at CLC *

Example: January 7, 2019

8. Caregiver/Legal Guardian's Full Name *

9. Caregiver/Legal Guardian's Best Contact (Phone Number or Email) *

10. Caregiver/Legal Guardian's Primary Language *

Check all that apply.

- [ ] English
- [ ] Spanish
- [ ] Haitian Creole
- [ ] Ukrainian
- [ ] Other:

11. What CLC program is the Child enrolled in? * Dropdown

Mark only one oval.

- Child Development
- Early Head Start
- Head Start
- School Readiness

12. What CLC site is the Child enrolled at? * Dropdown

Mark only one oval.

- Palmer's Hill
- Lathon Wider
- Westover
- Maple Avenue
- Franklin Street
- William Pitt

13. Which CLC Classroom is the Child enrolled in? *

14. Priority Concern(s) for this Referral (select all that apply) *

Check all that apply.

- [ ] Child Development
- [ ] Child Education/Learning
- [ ] Child Social
- [ ] Child Behavior/Emotion (Classroom)
- [ ] Child Behavior/Emotion (Home/Community)
- [ ] Child/Family Exposure to Potentially Traumatic Experience(s)
- [ ] Major Child/Family Physical Health
- [ ] Caregiver/Family Mental Health
- [ ] Child/Family Basic/Concrete Needs

15. How does these concerns impact the child? (select all that apply) *

Check all that apply.

- [ ] Speech / verbal communication
- [ ] Fine or gross motor skills
- [ ] Problem solving
- [ ] Engaging in Classroom Learning
- [ ] Transitions
- [ ] Separations
- [ ] Inattention/Hyperactivity
- [ ] Social interactions with peers
- [ ] Social interactions with adults
- [ ] Emotion regulation- externalizing (ie. intense tantrums, aggression, defiance, yelling, throwing)
- [ ] Emotion regulation- internalizing (ie. withdrawn, low energy, sadness, worry)
- [ ] Body regulation (toileting, eating, sleeping, frequent body aches)
- [ ] Other: _____

16. Is Child/Family currently involved with any other agencies/services?

Check all that apply.

- [ ] None
- [ ] CGC's Preschool-Based Mental Health Therapy Services (with Tina/Sarah)
- [ ] CGC's Child First Program
- [ ] Another CGC Program/Service (Clinic-based Outpatient Therapy, System of Care, etc.)
- [ ] SPS Special Education Services / APPLES
- [ ] VITA Health: Parents as Co-Educators
- [ ] Another Home Visiting model (PAT, Healthy Families)
- [ ] Birth to Three
- [ ] DCF
- [ ] Columbia Nurturing Project
- [ ] St. Joseph's Parenting Center
- [ ] Domestic Violence Crisis Center (DVCC)
- [ ] Speech Therapy
- [ ] Occupational Therapy
- [ ] Physical Therapy
- [ ] Other: _____

17. According to the Child's Classroom Teacher, which TWO 30 minute blocks would be recommended for observation?

Check all that apply.

- [ ] 7:30-8:00
- [ ] 8:00-8:30
- [ ] 8:30-9:00
- [ ] 9:00-9:30
- [ ] 9:30-10:00
- [ ] 10:00-10:30
- [ ] 10:30-11:00
- [ ] 11:00-11:30
- [ ] 11:30-12:00
- [ ] 12:00-12:30
- [ ] 12:30-1:00
- [ ] 1:00-1:30
- [ ] 1:30-2:00
- [ ] 2:00-2:30
- [ ] 2:30-3:00
- [ ] 3:00-3:30
- [ ] 3:30-4:00
- [ ] 4:00-4:30
- [ ] 4:30-5:00

18. Please upload any incident reports from the past 6 months

Files submitted:

19. Please upload any relevant assessments/evaluations (TSG, ASQ, Brigance, ESI, Social-Emotional, Behavioral) CLC has completed

Files submitted:

20. What would be the best day(s)/time(s) for the Child's caregiver to participate in the post-observation feedback session? (Ex: Tuesday between 10am-12pm, Thursday at 4pm) *

_____

21. How would the Child's caregiver prefer to participate in the feedback session? *

Mark only one oval.

- ◯ Virtually (via Zoom)
- ◯ In-Person (On-Site at CLC)
- ◯ Other: _____