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| **What do you enjoy most about this child? Please list concrete specific behaviors this child engages in that bring you joy and that are helpful in the classroom or home environment. (Please do not leave this area blank. Use the back if you need to.)**  **Reason for Requesting Observation/Consultation (Identify your main concerns for this child and the specific assistance you are seeking.)**  Aggression Difficulty sitting/Running away  Verbal Disruption Inattention  Hyperactive Inability to self sooth safely  Withdraw/stays to self/often sad  Threatening self or others (verbally or physically)  Age or developmentally inappropriate social interactions with peers/adults  Appears anxious/irritable/angry/distant/easily startled  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **In reference to each concern identified above please tell me when you notice the behavior occurring? (use the back if you need to)**    On the bus on the way to school  On the bus on the way to home from school  When child is dropped off at school  When child is picked up from school  Circle Time Small Group  Breakfast/Lunch/Snack Large Group  Transition Periods Rest Time  **Please provide a description of all concerns and what specific assistance you are seeking as part of the observation or consultation. (Use the back if necessary)** |

**ROCK-WALWORTH COMPREHENSIVE FAMILY SERVICES INC.**

**HEAD START AND EARLY HEAD START**®

***Serving Rock & Walworth Counties***

***Rock –Walworth Early Head Start/Head-Start Observation/Consultation Request***

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| **Classroom Code:**  **Date of Request for Consultation:**  **Name of individual(s) requesting consultation:**  **Phone Number where you can be contacted, include best time to call:**  **Title of Person Requesting Consultation:**  □ **Parent or other approved primary care giver**  □ **Lead Teacher** □ **Assistant Teacher**  □ **Family Resource Worker** □ **Family Advocate**  □ **Regional Site Team Leader**  □ **Child Development Specialist**  □ **Community Health Nurse**  □ **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Times this class meets:** | | |
| **Best time to observe this Child:** | | |
| **Name of Child:**  **Legal Name (if different):**  **(include nickname)** | **First** | **Last** |
| □ **Male**  □ **Female** | **Date of Birth:**  **YY/MM/DD** | **Age:** |
| **Name of Parents or primary legal guardian** | **Mother** | **Father** |