



Mental Health Consultant/Associate Activity Report

1. CLASSROOM OBSERVATION

A. Number of classrooms observed: _____

B. List classrooms: _____

2. CHILDREN OBSERVED

A. Number of children observed: _____

B. Number of children recommended by you for outside referral: _____

3. STAFF TRAINING PRESENTED

A. Number of staff: _____

B. Topic: _____

4. PARENT TRAINING PRESENTED

A. Number of parents: _____

B. Topic: _____

5. INDIVIDUAL CONSULTATIONS

A. Number of parents: _____

B. Number of staff: _____

6. SCREENINGS

A. Number of Developmental screenings reviewed _____

B. Number of Behavior Checklists reviewed: _____

7. OTHER