

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

Location _____ On site ___ Phone ___ Date _____ Time _____

CHILDREN

FIRST VISIT includes: During the first, and each, visit the Healthy Living Counselor reviews the form, Mental Health Screening Follow-Up, and works with staff 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 children and/or meets with child's teacher to determine if Developing Classroom Strategies for Social-Emotional Supports is needed.
- 2) As needed, the Healthy Living Counselor fills out relevant portions of the Classroom Strategies (attached).
- 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.

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

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: _____

C. Provided the following parent program: _____

STAFF

A. **FALL VISIT includes:** Reviewed Healthy Living Checklist that each staff member 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; MH Specialist (include Classroom Strategies) revised 7/06