MID-DELTA HEAD START
PERMISSION FOR MENTAL HEALTH OBSERVATION

I, __________________________, grant my permission to Mid-Delta Community Services, Inc. Head Start Mental Health Consultant to observe my child, __________________________, in the classroom setting. A report will be written by the consultant. The report will be kept confidential and filed in my child’s folder in the Mental Health Coordinator’s office.

_________________________________________  __________________________
Parent Signature                                              Date

Original:  Mental Health Specialist
Copy:      Child’s Folder
Copy:      Mental Health Professional/Consultant

MDCS (3/00)   HS-60