Dear Parent or Guardian: ____________________________

During the school year, your child’s classroom will have two (2) mental health observations. A Mental Health Specialist will perform these observations.

The purpose of these observations is to make sure the children are in a comfortable, happy environment. The mental health classroom observations are a requirement of all Head Start programs.

You are welcome to be present during the time of the mental health observations. If you have any questions, please contact your child’s teacher.

Sincerely,

Deloris Speed
Disability/Mental Health Specialist

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I give permission for my child, ________________________________, to be observed in his/her classroom during the school year.

_____________________________  __________________________
Signature of Parent/Guardian                                         Date