The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the 'hand' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



## Spokane County Head Start/ECEAP/EHS MENTAL HEALTH CONSULTANT PIR LOG

MHC Signature\_

Site_	1	-SC	Classroom				AM PM Full d		Outside Referrals By MHC	
	Child's/Parent's Name (to be completed by FSC)	for child	Dates of Staff Consultations for child's behavior/mental health			Dates of Parent Consultations for child's behavior/mental health			Referral for MH Services	
	(	<b>1</b> st	2 <sup>nd</sup>	3 <sup>rd</sup>	<b>1</b> st	2 <sup>nd</sup>	3 <sup>rd</sup>	(Y/N)	(Y/N)	(Y/N)

**Instructions:** (1) FSC enters all enrolled children on log. (2) FSC gives to MHC at first visit of the year. (3) Completed log is returned to FSC at year end for data entry. (4) Log is sent to Program Services Manager.