



INFANT EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

Dear Parent(s)/Guardian(s),

Please sign the form below to give permission for the Infant Early Childhood Mental Health Consultant from The Children's Center Utah (TCCU) to observe and discuss specific concerns regarding your child. Information may be discussed through two-way communication with their educators, professionals working directly with your child, and/or clinicians at TCCU, if needed.

Child's Name: _____ Birth Date: _____

Name of Program/School: _____

Legal Guardian's Name (First and Last): _____

Guardian's Phone: _____

Guardian's E-Mail: _____

Legal Guardian's Name (First and Last): _____

Guardian's Phone: _____

Guardian's E-Mail: _____

Language(s) Spoken at Home: _____

Please check all services your child receives:

- | | |
|---|--|
| <input type="checkbox"/> Speech & language therapy | <input type="checkbox"/> Behavior services (e.g., ABA) |
| <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Feeding therapy | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Early Intervention/Special Education | <input type="checkbox"/> Early Head Start/Head Start |
| <input type="checkbox"/> Mental Health services | <input type="checkbox"/> Other _____ |

Describe your concerns:

Describe your child's strengths:

How do you hope consultation will benefit your child and family?

Parent/Guardian signature: _____ Date: _____

We respect human diversity and understand that race/ethnicity, gender identity and disabilities are sensitive and personal matters. To improve the effectiveness of our organization and ensure we address the needs of our entire community, please let us know the following demographic information.

Child's Race/Ethnicity: (Check all that apply)

- Asian
- Black or African American
- Hispanic or Latinx
- Middle Eastern or North African
- Native American or Alaska Native or First Nations
- Pacific Islander or Native Hawaiian
- White or Caucasian
- Prefer to describe: _____
- Prefer not to answer

Child's Gender:

- Female
- Male
- Prefer to describe: _____
- Prefer not to answer

Does your child have any of the following disabilities or chronic conditions? (Check all that apply)

- Attention deficit/hyperactivity disorder (ADHD)
- Autism spectrum disorder (ASD)
- Blind or visually impaired
- Deaf or hard of hearing
- Developmental delay
- Health-related condition
- Learning disability
- Mental health condition
- Mobility-related disability
- Speech/language-related disability
- Other _____