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| --- | --- | --- |
| Student’s Name (print):      | Student’s Date of Birth:**Click or tap to enter a date.** | Student’s Age:      |
| School/Site & Classroom # (print):      |  Teacher’s Name (print):       E-mail:      |
| FES’s Name (print):      E-mail:      |  Principal/Site Manager’s Name (print):        E-mail:      |

# Dear Parent/Guardian:

Your child has been referred for observationby a Mental Health Consultant (MHC) to gather information regarding his/her behavior. The observation should be conducted, and results shared with you within 10 school days. **Services do not include mental health evaluations.** Data may continue to be gathered throughout the school year to review, update, and/or modify plans or interventions. If you have questions regarding this process, please contact your Health Services Advisor (HSA) via your Family Engagement Specialist (FES).

# The purpose of observation/consultation is to:

* Identify problematic behavior(s)
* Identify environmental events which impact problematic behavior(s)
* Determine the cause/function of the problematic behavior(s)
* Outline the necessary changes to be made by the school, teacher, student, and parent/guardian in order to allow the student to successfully acclimate to the classroom.

I, , give consent for Memphis-Shelby County Schools to

(print parent/guardian name)

observe/provide consultation services to my child. I understand this will occur at my child’s assigned school/site. Also, if needed, Memphis-Shelby County Schools is also consented to release and exchange necessary records regarding my child’s behavior, progress reports, evaluation, and screening results with an external referral agency.

 *Parent/Guardian Signature Date*

# Parent/Guardian’s Primary Phone: (   )   -

Parent/Guardian’s Alternate Phone: (   )   -

# Parent/Guardian’s E-mail: