

**EARLY CHILDHOOD MENTAL HEALTH
CONSULTATION SERVICES**
Partnership Notification of All Parents



This is to notify you that beginning on _____ the Shomrai Nursery has joined in partnership with Ju Liu who is an Early Childhood Mental Health Consultant with the Montgomery County Department of Health & Human Services (DHHS).

The consultant will assist staff in their efforts to support children’s healthy social and emotional development and may use any of the following methods to help them:

- Observing children’s behavior and/or interactions and giving the director, teachers or family child care provider feedback.
- Coaching child care providers on positive ways to work with children, especially when children’s behavior is challenging to teachers.
- Leading group activities to improve readiness for kindergarten and increase children’s social skills.
- Providing staff with training tailored to their needs and interests.
- Interacting with children and modeling appropriate positive adult-child interactions
- Conducting a “Preschool Mental Health Climate Scale” to assess the classroom.
- Developing a plan of action to promote social-emotional learning.

The consultant is also available to assist families in the following ways:

- Providing parent workshops.
- Answering your questions about child development screening for social and emotional strengths and needs and providing referrals to services you may need for your family or child.
- Meeting with you and the child care provider together when children needing extra support are identified in order to develop strategies to assist your child in the classroom or at home.
- Communicating information about your child with professionals who you request be contacted by the consultant.

An authorization form for any child receiving individual services, such as planning to address a specific concern, will be supplied to you before any services are rendered. If you have concerns about your child and would like individual services, please contact the Center Director/Family Child Care Provider to begin the process.

Please return the lower half of this form by _____. If you have questions or want some help, feel free to contact ChildLink at 240-777-GROW.

I understand that my child, _____ will participate in the partnership services
(print child’s name)

which the Early Childhood Consultant offers at _____
(print center or family provider name)

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date