

MENTAL HEALTH - SUMMARY OF SERVICES

CHILD'S NAME Pedro Estevan

DATE	PROGRESS NOTE #	SERVICE
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MH1. POTENTIAL SOCIAL-EMOTIONAL ISSUES IDENTIFIED

7-19-09 Social-Emotional Issue Discussed with Parent

MH2. REQUEST FOR MENTAL HEALTH CONSULTATION (WITHIN UMCHS)

INCLUDES ASQ-SE & DECA INDICATING A CONCERN

10-10-09 Pre-referral Checklist completed and reviewed with Ed Mgr

10-2-09 Need for Referral Discussed with Parent

10-2-09 Parent Permission Granted

Internal Referral

10-25-09 Individual Observation/Assessment/Consultation

10-28-09 Parent Conference

10-30-09 Positive Guidance Plan Developed

* 12-1-09 Positive Guidance Plan Evaluated/Revised 1-9-10 2-15-10 4-12-10

Functional Assessment Completed

MH3. MENTAL HEALTH REFERRAL TO COMMUNITY AGENCY

12-11-09 Need for Referral Discussed with Parent

12-11-09 Parent Permission Granted

12-11-09 Release of Information Signed

12-12-09 Screening/Referral Information Completed by UMCHS MH Professional

12-12-09 Referral Made: Agency: Lifeways

12-21-09 Follow-up 2-15-10 4-7-10

MH4. CHILD ABUSE AND NEGLECT REPORTS (record the dates reports are filed and dates DHS-CW reports back)

CA&N Report Filed 12-9-09

DHS-CW Follow up on report 12-10-09

MH5. PRENATAL AND POSTNATAL DEPRESSION SCALES (for enrolled pregnant teens only)

_____ Date prenatal scale completed (approximately 32-36 weeks)

_____ Date postnatal scale completed (approximately 2-12 weeks)