

Evaluation of ECMH Consultation Services Early Childhood Program Version

(Please complete 1 form for each ECMH Specialist who provided services for your program between July 1, 20__ and June 30, 20__. Each evaluation should reflect a consensus of all staff members who participated in consultation services during this time frame.)

Name of early childhood setting:

Name of Early Childhood Mental Health Specialist:

Type of consultation services provided:

- Case Consultation
 - child-specific
 - classroom/group

- Administrative Consultation
 - program-focused
 - staff-focused

The ECMH Specialist:	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	Not Applicable
was easy to contact & schedule						
was responsive to our expressed needs						
developed a positive working relationship with early care staff						
built positive relationships with the child(ren)						
built positive relationships with parent(s)						
demonstrated sensitivity to cultural and individual differences						
had a strong understanding of child development, behavior and mental health issues						
had a good understanding of early childhood settings						
offered support & encouragement						
provided realistic and do-able suggestions						
had a broad awareness about community resources						

Comments:

Thank You !