

### Preschool Promise ECMH Consultation Request

Date:  Center Name:

Center Address:

Center Director Name:  Center Phone #:

Classroom Name:  Teacher Name:

If this is a request for a general classroom observation, mark YES :

If this is a request for general classroom consultation only, you do not need to complete the rest of this form.  
If this is a request for an individualized child-specific consultation, please fill out the rest of the spaces below,  
and obtain a parent/guardian signature on the Consultation Consent Form.

Child's Name:  Child's DOB:

Is child currently in foster care?  If so, name of caseworker:

Parent/Guardian Name:  Parent Phone #:

Issues of Concern:

Is child at risk of being suspended? If yes, please explain:  Is child at risk of being expelled? If yes, please explain:

Additional Comments:

Please email this completed form to: [cjmortself@premierhealth.com](mailto:cjmortself@premierhealth.com) Please copy on email: [skdilworth@premierhealth.com](mailto:skdilworth@premierhealth.com)

A mental health consultant from the YCATS program of Samaritan Behavioral Health Inc. will contact the center to schedule a classroom observation. If you have any questions or concerns, please call YCATS Program Director Christina Mortself at 937-734-4456. If you are unable to reach Christina you can also call YCATS Clinical Supervisor Shauna Dilworth at 937-734-3469