CHICAGO DEPARTMENT OF CHILDREN & YOUTH SERVICES | Children Services Division

Mental Health Activity Record

Act.

Delegate Agency

Mental Health Provider / Agency

Program / Site Name

Consultant Name

The following activities are scheduled for this program year. Please plan to attend any meetings that are of interest to you.

Type of Activity / Service (Specify)	Date Planned	Date Completed	Comments

List of Other Activities/Services: Planning, Parent Orientation, Parent Education, Parent Consultation, Staff Development, Individual Observation, General Observation, Teacher Consultation, Crisis Counseling, Child Abuse/Neglect Prevention

Distribution: White – Program File ■ Pink – Provider's File ■ Yellow – to CYS Area Office before October 15

This form is to be completed during the initial planning meeting, the date planned column is to be completed for the entire program year, the date completed column is to be completed as activities occur, either by tsite director / network coordinator or social worker.

CYS 2569A (Rev. 08/19/07)