CHICAGO DEPARTMENT OF CHILDREN & YOUTH SERVICES | Children Services Division

Parent Mental Health Activity Record

(Post on Parent Bulletin Board)

Delegate Agency Name

HS / EHS Program Name

Name of Mental Health Consultant for this Program

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

Activity (Specify)	Date	Agenda
Parent Orientation		*Development of Mental Health Plan*
Other Activities:		

List of Other Activities: Parent Education / Training, Child Abuse / Neglect Prevention

This Mental Health Plan was developed and agreed upon by parents and staff of the above program.

Staff Signature

Parent Signature

Staff Signature

Parent Signature

Mental Health Consultant Signature

Date