

Baseline Survey: Mental Health Consultation



1. Please rate your understanding of mental health consultaion:

1
Very poor

2
Poor

3
Average

4
Good

5
Excellent

2. Please rate your understanding of the Head Start Program Performance standards related to mental health consultation:

1
Very poor

2
Poor

3
Average

4
Good

5
Excellent

3. Does your program currently have mental health consultation?

Yes

No

I don't know

IF YES...

4. Does your program currently have a system, mechanism, or tool for determining if the mental health consultation is *sufficient* (is it enough) in meeting the mental health needs of children and families?

Yes

No

I don't know

IF YES, please describe the system/mechanism/tool:

5. Does your program currently use a tool, system, or mechanism for determining if the mental health consultation is *effective* (does it help) in meeting the mental health needs of children and families?

Yes

No

I don't know

IF YES, please describe the system/mechanism/tool:

6. Are you in a position to make decisions about mental health consultation in your program?

Yes

No

I don't know

Please explain:

Name (optional) _____

Email _____