STEVE SISOLAK
Governor

STATE OF NEVADA

Richard Whitley
Director
Department of Health and Human Services

Ross Armstrong
Administrator
Division of Child and Family Services

Division of Child and Family Services

Child Care Request for Consultation

Child Name: _____ DOB: _____ Gender: _____

Center Name: _____ Address: _____ Zip: _____

Site Phone: _____ Best day/time to observe child: _____

Teacher: _____ Site Director: _____

Reason for Consultation (Please provide some information about what you would like to gain from this observation/consultation process on behalf of this young child. What questions do you have? Tell us what you believe is important to be aware of or know before we observe.) :

_____

_____

_____

_____

Request Facilitated by (child care staff):

Name: _____ Phone: _____ Position: _____

Signature: _____ Date: _____

Parent/Guardian consent for consultation:

I, _____ agree to allow staff with the Division of Child and Family Services / Early Childhood Mental Health Services to observe my child _____ in the child care setting for the reasons listed above and to provide a verbal and written report, which will be shared with the guardian and the child care provider.

Signature: _____ Date: _____

Parent/Guardian name: _____ Relationship: _____

Contact Number: _____ Best time to reach: _____

This is a request and authorization for observation and consultation by:

Early Childhood Mental Health Services

2655 Enterprise Road

Reno, NV 89512

Contact: Rhonda Lawrence (775) 688-2421

FAX: (775) 688-1616

Consultant Use Only: _____

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