



Head Start Parent Refusal Documentation for Mental Health Services



Program: _____ **Classroom:** _____

Head Start Performance Standards require BSACAP Head Start to provide mental health consultation to children and families if needed. Parents will be informed of the mental health services available through the program.

However, as the parent/guardian you have the right to refuse these services. The purpose of this document is to show evidence of the parent/guardian's decision not to obtain mental health services that have been made available to your child.

I have decided **Not** to consent to Mental Health Consultation for my child for the following reason(s):

I also understand, that at anytime, I can change my mind and give consent to these services.

Parent/Guardian Signature

Date

Teacher/Family Advocate Signature

Date