NEW MEXICO
Early Childhood
Education & Care Department

Policy, Research and Quality Initiatives Division

Infant and Early Childhood Mental Health (IECMH)

Social Emotional and Early Development (SEED) Initiative

SEED Family Consent Form

The New Mexico Early Childhood Education and Care Department (ECECD) offers Infant and Early Childhood Mental Health (IECMH) Consultations, referred to as the Social and Emotional Early Development (SEED) program, at no cost to parents, caregivers, and early childhood providers caring for children ages birth to 5-years. The SEED programs pairs a mental health professional with children's providers to help ensure a child's development is on track and to help promote positive relationships.

Your child's early childhood education program has requested support for your child from a SEED consultant. Consultation is voluntary and does not involve direct mental health services, such as diagnosis, labeling of your child, or doing therapy with your child. Consultations are free for all families. A SEED consultant will contact you to begin the process after you sign this consent form.

SEED consultants work with child care providers and parents to help children make and keep friends, get along with others, and express their feelings and needs in an age-appropriate way. SEED consultations can also help reduce teacher stress, help teachers connect better with children and their parents, obtain resources for your child if needed, and help increase providers' confidence in working with children.

In addition to speaking with you, SEED consultations include speaking with your child's teachers and completing several observations of your child in their care setting. The observations are conducted in a manner that does not disrupt the classroom or single out your child. If you would like, SEED consultants can create additional strategies for your use at home.

I _____ the Parent/Guardian of _____ (child) give my permission for a consultant from ECECD's SEED Program to observe my child in his/her child care program. I also give permission for the consultant and my child's teacher(s) to exchange information about my child. I understand that the consultant will work with these caregivers in their efforts to understand and support my child's needs in his/her child care program.

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_____	_____
Child Name	Child Date of Birth
_____	_____
Signature of Parent/Guardian	Parent/Guardian Phone #
_____	_____
Early Childhood Program & Classroom Name	Today's Date