

**Bridges Head Start  
Intervention Strategy Summary**

*Instructions for completion: This form should be completed prior to a classroom observation or consultation with the mental health consultant. This form should provide the mental health consultant with a clear picture of the intervention strategies that have already taken place.*

**Child:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**Behaviors of Concern**

*Please provide a detailed description of the child's behaviors.*

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**Intervention Strategies**

*Please list intervention strategies used with the child and the results.*

**Strategy:** \_\_\_\_\_

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**Result:** \_\_\_\_\_

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**Strategy:** \_\_\_\_\_

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**Result:** \_\_\_\_\_

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**Strategy:** \_\_\_\_\_

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**Result:** \_\_\_\_\_

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