

Education Component:

I am willing to provide Parent Education and/or Teacher In-Services at local schools or community sites on the following topics (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Normal Child Development | <input type="checkbox"/> Parenting in Single Parent Families |
| <input type="checkbox"/> Normal Fears | <input type="checkbox"/> Children's Reaction to Separation and/or Divorce |
| <input type="checkbox"/> Stress (parent or child) | <input type="checkbox"/> Post Traumatic Stress Disorder-Violent Homes or Neighborhoods |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Increasing Self-Esteem |
| <input type="checkbox"/> Indicators of Childhood Psychological Problems | <input type="checkbox"/> Effective Behavioral Interventions for Children |
| <input type="checkbox"/> Children in Alcoholic Homes | <input type="checkbox"/> Other. Please Specify: _____ |
| <input type="checkbox"/> Depression | |

Schedule Availability (please check all that apply)

- | | | | | | | |
|-----|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| AM | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| PM | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| EVE | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |

Is there anything else that you would like us to know about your practice?

As part of my professional response to the need for health care of large numbers of under and uninsured children in the Pasadena community, I am volunteering the services I have indicated on this form for children identified by Young & Healthy.

Therapist's Signature: _____ Date: _____

Please mail, FAX or email this form to:
Young & Healthy, 136 West Peoria Street, Pasadena, CA 91103, Fax: (626) 795-8154,
email: info@yhpasadena.org

