

PRIMARY MENTAL HEALTH PROGRAM (PMHP)

District Data Coordinator, 2004-05

Please use this form to indicate whom the school district has designated as Data Coordinator for their Primary Mental Health Program, and provide information related to data analysis. This person will serve as district liaison to the Children's Institute and State Department of Education for (1) ordering forms and materials and (2) submitting machine scored measures to Children's Institute. For further details, see Operating Procedures for School Districts (also available at: <http://www.state.ct.us/sde/deps/Student/SchoolPsych/PMHProcedures04.pdf>).

School District: _____

Name of Coordinator: _____

Mailing address: _____

Phone number(s): _____

Email: _____

Schools participating in program:

Name of School	Grade levels served	Type*
		U S R
		U S R
		U S R
		U S R

* U = urban, S = suburban, R = rural

Please submit this form by September 17, 2004 to:
Crystal Morris-Crenshaw
State Department of Education
25 Industrial Park Road
Middletown, CT 06457
(860) 807-2127 (fax)