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Infant Mental Health Quarterly Report

**Agency: Completed By:**

**Fiscal Year: Quarter:  Q1  Q2  Q3  Q4**

**Number of Referrals: \_\_\_\_**

**Referral Type & Number: FIT\_\_\_ CARA\_\_\_ Home Visiting\_\_\_ Self Referred\_\_\_**

**Protective Services\_\_\_ Child Care\_\_\_ Other\_\_\_**

**Number of referrals screened out of IMH CPP & referred to other services: \_\_\_\_\_**

1. ***Describe the agency’s programmatic, clinical and/or case specific successes and improvements for this quarter:***
2. ***Describe the agency’s programmatic, clinical and/or case specific challenges or setbacks for this quarter:***
3. ***Please describe any additional support needed?***