

Sacramento City Unified School District EARLY LEARNING AND CARE DEPARTMENT

Parent Notification Date:					
/	/				

NOTIFICATION OF SCREENING RESULTS

(Confidential)

Dear Parent/Guardian of:					
	Child's Name		Parent's Signature		
The following is a summary of	f your child's	screening results. Pleas	se let me know if you h	ave any questior	ns or concerns.
Teacher:	ner:		Room:	□Wrap □FD □TK	
Area screened	Date	Result (Pass or Rescreen)	Comments (Refer, IEP)	Re-Screen Date	Re-Screen Result
Communication					
Gross Motor					
Fine Motor					
Problem Solving					
Personal-Social					
Social, Emotional, Behavioral					
Physical Development		Height			
		Weight			

Distribution: White – Child's Classroom File

Yellow – Parent

Pink - First 5