Sacramento City Unified School District
CHILD DEVELOPMENT 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 your child's screening results. Please let me know if you have any questions or concerns.

Teacher/Home Visitor: _____ Site: _____ ☐ EHS Center Based ☐ EHS/HS Home-based
☐ HS PD ☐ SP PD ☐ Wrap ☐ Full Day

Area That Was Screened	Date	Result (i.e. Pass or Rescreen)	Comments	Re-Screen Date	Re-Screen Result
Communication					
Gross Motor					
Fine Motor					
Problem Solving					
Personal-Social					
Social, Emotional, & Behavioral					
Height and Weight		Height_____ Weight_____			

Distribution: **White** – Child's Classroom File **Yellow** – Parent

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