**FORM D**

**AGES 3 TO 5 YEARS**

 **AGES 3 TO 5 YEARS SCREENING SCHEDULE**

SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ =============================================================== TIME: CHILD’S NAME: PARENT’S NAME: BIRTH DATE: ADDRESS: PHONE:

 (FIRST & LAST)

===============================================================

|  |  |
| --- | --- |
| 8:45 A.M. 1. |  |
| 2. |  |
| 3. |  |

------------------------------------------------------------------------------------------------------------------------

|  |  |
| --- | --- |
| 9:30 A.M. 1. |  |
| 2. |  |
| 3. |  |

------------------------------------------------------------------------------------------------------------------------

|  |  |
| --- | --- |
| 10:15 A.M. 1. |  |
| 2. |  |
| 3. |  |

------------------------------------------------------------------------------------------------------------------------

|  |  |
| --- | --- |
| 11:00 A.M. 1. |  |
| 2. |  |
| 3. |  |

------------------------------------------------------------------------------------------------------------------------

NOON BREAK \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

|  |  |
| --- | --- |
| 12:45 P.M. 1. |  |
| 2. |  |
| 3. |  |

------------------------------------------------------------------------------------------------------------------------

|  |  |
| --- | --- |
| 1:30 P.M. 1. |  |
| 2. |  |
| 3. |  |

------------------------------------------------------------------------------------------------------------------------

|  |  |
| --- | --- |
| 2:15 P.M. 1. |  |
| 2. |  |
| 3. |  |

------------------------------------------------------------------------------------------------------------------------

|  |  |
| --- | --- |
| 3:00 P.M. 1. |  |
| 2. |  |
| 3. |  |