**FORM E**

Dear Parents/Guardians:

Welcome to the preschool screening project being conducted by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District in cooperation with the Cornbelt Educational Cooperative and Head Start.

Your child/children has/have been scheduled to be screened on (day)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at (time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please be prompt as we are scheduling children at thirty minute intervals.

You are requested to bring only the child/children who are to be screened. Hopefully, this will eliminate any possible distractions and provide the child/children being screened an opportunity to perform adequately.

When you arrive at the screening:

1. If you have not been mailed the general health, self-help, and social development forms prior to the screening you will be able to fill them out when you arrive. Please complete and return them to the receptionist.

2. After registration, your child will be directed to the play area. If possible you will have an opportunity to observe the screening from the parent observation area. If your child should require your assistance during the screening we ask you to please resist the desire to coach your child, but provide encouragement and support as is needed.

3. Upon completion of the screening process you will receive correspondence indicating the results in approximately two weeks.

Thank you for your cooperation.