**FORM B**

Dear Parents/Guardians:

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District in cooperation with the Cornbelt Educational Cooperative and Head Start is pleased to announce a preschool screening scheduled for (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for all children from 3 to 5 years old.

The purpose of the screening project is to provide the parent/guardian and the school district with information relating to your child’s development. Your child will be screened in the following areas: hearing, vision, motor, concepts, and communication.

All parents/guardians interested in having their child/children participate in the preschool screening must return the enclosed registration form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. You will be notified of a time and date for your child’s screening as soon as possible.

Upon completion of the screening, parents/guardians will receive a follow-up letter explaining the results. Please allow two weeks for correspondence.

Thank you for your interest and cooperation.