

Sacramento City Unified School District
EARLY LEARNING AND CARE DEPARTMENT

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 _____ Site: _____ Room: _____ Wrap FD TK

Area screened	Date	Result (Pass or Rescreen)	Comments (Refer, IEP)	Re-Screen Date	Re-Screen Result
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