**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)

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

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

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

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

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

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

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

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

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