SOUTHERN NEW HAMPSHIRE SERVICES, INC. – CHILD DEVELOPMENT PROGRAM

Date: _____

_____ participated in some height and/or weight screening
(CHILD'S NAME)
tests on _____. The results are listed below. If you have concerns about your child's growth, please contact me and we will set-up an appointment with the Health & Nutrition Services Specialist for the program. If you have any questions at all, please call me at _____. Thank you.

Sincerely,

Your Family Worker

Screening Results:

	RESULT	**COMMENTS**
Height:		
Weight:		
Body Mass Index Percentile:		