

CO-63
Rev. 6/88

ASHLAND PUBLIC SCHOOLS
885 SISKIYOU BOULEVARD
ASHLAND, OREGON 97520

REPORT TO PARENT REGARDING WEIGHT REFERRAL

Date _____

Dear _____:

As a result of the school district's health screening program, your child was found to have a weight problem.

Observation of _____ attending _____ school has revealed:

Height _____

Weight _____

which is

_____ Below 10 percentile.

_____ Above 90 percentile.

See Height-Weight sheet section _____.

Please give this matter your careful consideration.