Height/Weight Measurements

Center/Class_____ Teacher/TA: _____

Date Completed: Fall _____ Spring _____

Child's Name	Fall Height	Fall Weight	Spring Height	Spring Weight	Comments

Be sure to email a copy of this form to the Health Team Email healthteam@ceoempowers.org during the month that you complete the measurements. *Also be sure to record both Fall and Spring on the same form for monitoring purposes. *