CURRENT WTS PROVIDERS: PLEASE USE THE GOOGLE FILE LINKED BELOW FOR MONITORING PURPOSES:

https://docs.google.com/spreadsheets/d/1TFYmaiYnzlfwuLeE62h9zb1q-6CdHnLVwaXfg6wqJal/edit?usp=sharing-allered for the control of the control

WTS Health, Brigance Screening and Monitoring Information Form												
Last Name	First Name	DOB	Chronological Age	Site Name	Year Tracking	First Date Child was in Classroom	Last Date Child Attended Program	Screening Date	Brigance Score	Concern? (Y/N)If they put a "Y" it will change to red if "N" they would change to gree	Health Assessment Date	Comments (If you answer "Y" for a child provide next steps in section) i.e (Referral, spoke with parent, etc.
Davies	Jenny	7/18/2018	3.11	ABC Land 2	2023-2024	8/29/22	2/5/22	5/17/22	91	N	8/24/22	N/A
Dogg	Snoopy	9/8/2018	3.9	ABC Land 2	2022-23	9/1/22	5/31/22	5/17/22	23	Y	8/24/25	Child did not talk during assessment, spoke with parents to address concerns and to identify next steps for family and classroom
Last Name	First Name	DOB	Chronological Age	Site Name	Year Tracking	First Date Child was in Classroom	Last Date Child Attended Program	Screening Date	Brigance Score	Concern? (Y/N)	Health Assessment Date	Comments
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