HEIGHT & WEIGHT CHART HEAD START YEAR _____

*	Send	сору	to	Central	office
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** Measurements must be completed by the 1st of the month.

Teacher/Home Visitor	County
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NAME	*October		November		December		*January		February		March		*April		May		June		*July		August		September	
NAME	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht. Wt	. Ht	. \ W	Vt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.
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