

**BMI Follow Up**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher/CFS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NMCAA’s Child and Family Development Programs complete height and weight measurements on all enrolled children or receive the information from the child’s physical form. Body Mass Index (BMI) is a number calculated from your child’s height and weight. BMI is used to screen children for healthy weight, obesity, overweight, or underweight once they turn age 2.

If your child’s BMI is found to be at or above the 95th percentile or at or below the 5th percentile, the program is required to follow-up with the parents/guardian. Your child’s BMI was found to be:

 At or above the 95th percentile  At or below the 5th percentile

We realize one measurement does not show the full picture of your child’s health history. NMCAA provides family style meals and snacks which allows teaching staff to be aware and make note of your child’s eating habits 2 to 3 times a day. EHS home visitors discuss nutrition and provide nutritional resources as needed. We want to be as supportive as possible because your child’s health is an important part of overall growth, development, and school readiness. Staff will be able to provide you with more information on related topics and connect you with resources as requested.

**As a parent/guardian, you have several nutritional resources available:**

 I would like a *5210 Every Day! Health and Wellness* folder with health ideas for my entire family.

 I would like to talk with a dietician to develop a health plan regarding my child’s height and weight.

 I would like a referral to and assistance connecting with my local WIC program.

 My child’s doctor and I have no concerns at this time.

 I am not interested in any of the above resources at this time.

 I would like to receive PAT nutritional information – *EHS Home Based only*

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference: Growth Assessment and BMI Follow Up Guidance on Weebly, HSPPS 1302.46(b)(1)(ii).

5/23 **Distribution:** Original: Child’s File (L#25) Copy: Parent, DMT, Supervisor, EHS R&H DMT or EHS R&H: Upload into ChildPlus

 EHS-HS Team\Procedure Manual\Health\BMI Follow Up Form