

To be completed by TAAG staff:				
School ID:				
Form Code: MSC	Version: A	Series #: 01	Seq. #:	

## School Closing and Schedule Change Form

Please contact an individual at each school to determine if and when a closing and/or changes to the daily schedule occurred.

- 1. Name of School: \_\_\_\_\_
- 2. Name of Contact: \_\_\_\_\_
- 3. Were there any school closings, delayed openings, early closings, or other changes in the school schedule (e.g., field trips, special events, or weather related) that caused PE class to be shortened or cancelled, while the students wore activity monitors? (*circle one*)

Yes (Use the table below to document each change in the school schedule)

No (If no, the form is **complete**)

Date	Describe
3/10/03	Delayed opening, period 1 & 2 PE cancelled, all others normal.

Day of the Week	Date	Describe