

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.	3. Were there any school closings, delayed openings, early closings, or other changes in the s 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? (<i>circle one</i>)	
	Yes (Use the table below to document each change in the school schedule)	
	No (If no, the form is complete)	

Day of the Week	Date	Describe
(Example) Monday	3/10/03	Delayed opening, period 1 & 2 PE cancelled, all others normal.

School ID:	

Day of the Week	Date	Describe