



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Health Services
 Old Capitol Building
 PO BOX 47200
 OLYMPIA, WA 98504-7200
 (360) 725-6040 TTY (360) 664-3631

ESD	CO	DIST	BLDG
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SCOLIOSIS AND KYPHOSIS SCREENING REPORT
School Year 2006-07

NOTE: Prepare one copy per school. Report is due October 1, 2007, following the screening.

SCHOOL NAME	NAME OF PERSON COMPLETING THIS FORM	DATE
DISTRICT	TITLE	TELEPHONE NUMBER
	E-MAIL	

I. SCOLIOSIS/KYPHOSIS SCREENING RESULTS

Indicate the total number of students screened and referred in each building.

GRADE	TOTAL SCREENED		TOTAL REFERRED SCOLIOSIS		TOTAL REFERRED KYPHOSIS	
	Boys	Girls	Boys	Girls	Boys	Girls
5						
7						
9						

II. NEW REFERRALS Enter outcomes of new referrals (in question #1), based on physician or parent report.

GRADE	NEW REFERRALS													
	A. BRACED		B. SURGERY		C. FOLLOW-UP		D. NO FOLLOW-UP PRESCRIBED		E. NO REFERRAL FOLLOW-UP INFO REC'D		F. DID NOT TAKE CHILD IN FOR EVALUATION		TOTAL (should equal A-F)	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
5														
7														
9														

III. SCREENER INFORMATION

Who is the primary screener for your school?

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Other |
| <input type="checkbox"/> Secretary | |

Return to: Health Services Program Supervisor
 Office of Superintendent of Public Instruction
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