

FAIRFIELD WOODS MIDDLE SCHOOL

1115 Fairfield Woods Road

Fairfield, CT 06825

Phone: 203-255-8334 Fax: 203-255-8210



Gary A. Rosato, Ed.D.
Principal

Ken Seltzer
Assistant Principal

Karin Shaughnessy
Assistant Principal

SCHOOL POSTURAL SCREENING PROGRAM

Student: _____ Grade: **7** (2018-2019)

Dear Parents: A Postural Screening Program to detect a possible curvature of the spine will be conducted for female students in grade 7 during the 2018-2019 school year. Postural screening is required for girls in grades five and seven and boys in grade nine according to Connecticut State Law. The purpose of this program is to recognize signs of abnormal spinal development at its earliest stages so that the need for treatment can be determined. Many cases of curvature of the spine are mild and require only on-going observation by a doctor after first diagnosis. Others get progressively more severe as the child grows and require active treatment. Early treatment can prevent the development of a severe deformity, which can affect appearance and health. Please note that if your child has a health assessment on record at school which was done during this school year, i.e., on or after July 1st, and indicates that your child was examined for postural deformity by his/her health care provider, or if our records indicate your child has this diagnosis, then your child will not be screened in school.

The school nurse will conduct the postural screening by examining the child's spine as he/she stands and then bends forward. The entire spine must be examined from the shoulder area to the hip area. Privacy will be provided.

If further consultation is recommended, then parents will be notified of the findings and will be asked to seek further evaluation with their own physician.

Please indicate your preference and return it to the nurse's office BEFORE February 26, 2018.

_____ Your child may be screened in school.

_____ You request that your child not be screened in school, and acknowledge that monitoring for this condition will be performed by the child's physician.

Parent signature: _____ date: _____

If you have any questions, please contact the school nurse at 203-255-8424.

Fairfield Woods Middle School Nurses

Sara O'Callaghan, RN, Maribeth Konstanty, RN, Jennifer Staeker, RN