

East Brunswick Public Schools  
Students Services Department

Parent or Guardian:

Date: \_\_\_\_\_

Screening procedures are conducted on students in the East Brunswick Public Schools according to the following regulations and Board of Education policies. **PLEASE READ AND SIGN** this form to indicate your approval of these procedures for your child. This form will become part of the student's permanent health record. The school nurse will answer any questions you may have concerning these procedures.

**AUDIOMETRIC SCREENING: NJAC 6A:16-2.2, NJSA 18A:40-4**

Audiometric screening for hearing acuity is done annually for all students in preschool programs, grades K-3, 7 and 11, students new to the district with no available record of audiometric screening, students referred to the Child Study Team for evaluation, students at risk of hearing impairment and those referred by teacher, parent or self.

**VISION SCREENING: NJAC 6A:16-2.2**

This is done annually on students in preschool programs, grade K-1, 3, 5-8 and 10, students referred to the Child Study Team for evaluation or review, students entering the district with no available record of vision screening and those referred by teacher, parent or self.

**SCOLIOSIS SCREENING: NJSA 18A:40-4.3**

Students in grades 5, 7, 9 and 11 will be examined for Scoliosis.

**HEIGHTS, WEIGHTS AND BLOOD PRESSURE**

Will be done annually on all students in grades K-12.

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Student Name	Grade	Parent/Guardian Signature
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