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To: Superintendents, Principals, and School Nurses  
 From: Secretary Holcombe, Agency of Education  
 Commissioner Chen, Department of Health  
 Re: School Health Screenings  
 Date: November 2015

As of 2009/2010 requirements for health screenings include prekindergarten<sup>i</sup> students through grade 12. Language for Sec. 31. 16 V.S.A. § 1422 (2014) reads as follows:

School districts and primary care providers shall conduct periodic hearing and vision screening of school-aged children pursuant to research-based guidelines developed by the Commissioner of Health in consultation with the Secretary of Education. School districts and primary care providers will attempt to avoid duplicating services provided by the other and will share information as practicable and allowable by law.<sup>ii</sup>

This ensures that all school health screenings are aligned with current research and best practice recommendations from the American Academy of Pediatrics, Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents<sup>iii</sup>. Vision and hearing are the only required population based school health screenings. The chart below indicates in what grades these screenings are required. No other population based screenings are required<sup>iv</sup>.

It is recommended (AOE Memo, Jan. 22, 2003) that students on a 504 plan or an Individual Education Plan (IEP), whose hearing and vision issues have an impact on the student's disability and educational performance, should therefore be screened more often than periodic reviews would typically warrant. Those findings should then be reported to parent/caregiver and the 504 or IEP team or director of student services responsible to those specific students. This team work would be significantly enhanced by providing to the school nurse a list of students on 504 or IEPs to ensure an opportunity for the school nurse to include appropriate screenings and notifications of findings, in his/her annual student health appraisals (see [Manual section](#)).

Screening	Grade													
	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
Hearing	RQ <sup>v</sup>	RQ	RQ	Do not screen	RQ	Do not screen	RQ	Do not screen						
Visual Acuity	RQ	RQ	RQ	Do not screen	RQ	Do not screen	RQ	Do not screen	RQ	Do not screen	RQ	Do not screen	Do not screen	RQ
Height	No population based screenings													
Weight														
Blood Pressure														
Scoliosis														

<sup>i</sup> Sec.21. 16 V.S.A § 829 "Prekindergarten child" means a child who, as of the date established by the district of residence for kindergarten eligibility, is three or four years of age or is five years of age but is not yet enrolled in kindergarten.

<sup>ii</sup> Sec. 31. 16 V.S.A. § 1422, Periodic hearing and vision screening; guidelines <http://legislature.vermont.gov/statutes/section/16/031/01422>

<sup>iii</sup> Bright Futures; Guidelines for Health Supervision of Infants, Children and Adolescents, 3rd. edition American Academy of Pediatrics, 2008 [http://brightfutures.aap.org/3rd\\_Edition\\_Guidelines\\_and\\_Pocket\\_Guide.html](http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html)

<sup>iv</sup> Statewide and community specific data about *Body Mass Index (BMI)* is available to all districts through the Youth Risk Behavior Survey conducted in Vermont schools. Schools are encouraged to use these data to support state and federal grant writing and for a Whole School, Whole Community, Whole Child team needs assessment.

<sup>v</sup> Per AAP Guidelines [http://brightfutures.aap.org/3rd\\_Edition\\_Guidelines\\_and\\_Pocket\\_Guide.html](http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html) vision screening should be done at age 3 and 4; hearing screening should be done at age 4 with a risk assessment done at age 3.