



Annual School Screenings

Grade	Height	Weight	Vision	Hearing	Request from parent or teacher
Kindergarten	X	X			X
First Grade	X	X	X	X	X
Second Grade	X	X			X
Third Grade	X	X	X		X
Fourth Grade	X	X		X	X
Fifth Grade	X	X	X		X
New Student	X	X	X	X	X