



WALL TOWNSHIP PUBLIC SCHOOLS

Office of the Superintendent of Schools

P.O. Box 1199 • 18th Avenue

Wall, NJ 07719

Dr. David Bleakley
Superintendent of Schools

September 2026

RE: Spinal Screening Program

Dear Parent/Guardian:

In accordance with State Law 18A:40.3-5, which mandates a Spinal Screening Program, please be advised that all students in grades 5, 7, 9, and 11 will be screened for indications of the presence or absence of Scoliosis (curvature of the spine). The Spinal Screening Program will take place during the time provided for physical education in the aforementioned grades.

The purpose of this program is to recognize the problem at its earliest stages so that the need for treatment can be determined. Spinal problems have been detected in about 4% of this age group, and 2% have required active treatment or continued observation.

The procedure for screening is a simple one. Your child will be observed as s/he stands in front of the examiner and bends forward; from the back as she/he bends forward, and from the side as she/he bends forward. If an anomaly is suspected, you will be notified in writing and requested to follow through with your own physician for further evaluation.

If you wish to have your child screened by your family physician, please notify the school nurse and have your physician forward a report to the school nurse at your child's school by the end of September.

If your child was previously referred for evaluation and is being monitored by your physician, please notify the nurse in the building that your child attends, or your child will be rescreened at the appropriate grade level. Thank you in advance for your cooperation in ensuring compliance with this important student-health mandate.

Sincerely,

Dr. David Bleakley
Superintendent of Schools

_____ Yes, I would like my child screened for scoliosis
_____ No, I decline to have my child screened for scoliosis.

Student's Name _____

Parent/Guardian's Signature _____

Date _____