

Mandated Screening Requirements

	Vision	Hearing	Ht/Wt	Physical	Dental	Scoliosis	
K	X	X	X	X	X		
1st	X	X	X				
2nd	X	X	X				
3rd	X	X	X		X		
4th	X		X				
5th	X		X				
6th	X		X	X		X	
7th	X	X	X		X	X	
8th	X		X				
9th	X		X				
10th	X		X				
11th	X	X	X	X			
12th	X						