



“Growing the total child in wisdom, age, and grace.”

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 Archdiocese of Galveston-Houston

**SCREENING • PARENT NOTIFICATION LETTER
 2020-2021**

Dear Parent/Guardian:

The **University of St. Thomas Peavy School of Nursing** will be at St. Helen Catholic School on **Friday, October 16, 2020** conducting vision, hearing, spinal, acanthosis nigricans, and ages & stages screenings.

VISION/HEARING

Vision and Hearing screenings are conducted to detect vision or hearing abnormalities. Vision and Hearing screenings must be completed for any student who is 4 years old on September 1st, Kindergarten students, any student new to the school within 120 days of admission, and all 1st, 3rd, 5th, and 7th grade students.

ACANTHOSIS NIGRICANS

The Texas Risk Assessment for Type 2 Diabetes in Children is a legislatively-mandated program developed, coordinated, and administrated by the University of Texas Rio Grande Valley Border Health Office. The program assesses children who may be at high risk of developing Type 2 Diabetes. The Texas Risk Assessment for Type 2 Diabetes (Acanthosis Nigricans) must be done for all students in 1st, 3rd, 5th, and 7th grades any time within the school year.

SPINAL

Spinal Screening is to detect the signs of abnormal curves of the spine at their earliest stages so that the need for treatment can be determined. This screening procedure does not replace your child’s need for regular health care and checkups. According to state law, girls in grades 5 and 7 and boys in grade 8 must receive the Spinal Screening. The screening requires a shirt removal for this exam, for this reason we request that girls wear a sports bra underneath their shirt on exam day.

AGES & STAGES

The Ages & Stages is a screening that evaluates gross motor, fine motor, problem solving, and social development. The screener pinpoints developmental progress in PreK and Kindergarten children.

Parents will be notified of the results of the screening(s) only if professional follow-up is necessary.

If you have any questions or concerns, please contact the school clinic at the number listed below.

Blessings,
 SHCS Clinic (281-485-2845)

**I am choosing my child NOT to participate in the following screen(s) (please check):		
<input type="checkbox"/> VISION	I have attached a Vision screen for my child’s school file.	All new students, Prek4, Kindergarten, 1 st , 3 rd , 5 th , and 7 th
<input type="checkbox"/> HEARING	I have attached a Hearing screen for my child’s school file.	All new students, Prek4, Kindergarten, 1 st , 3 rd , 5 th , and 7 th
<input type="checkbox"/> SPINAL	I have attached a Spinal screen for my child’s school file.	5 th and 7 th grade Girls 8 th grade Boys
<input type="checkbox"/> ACANTHOSIS NIGRICANS	I have attached a Acanthosis Nigricans screen for my child’s school file.	1 st , 3 rd , 5 th , and 7 th
<input type="checkbox"/> AGES & STAGES	No proof of test required.	Pre-K and Kindergarten only

STUDENT NAME: _____ **TEACHER:** _____ **GRADE:** _____
PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

IF YOU CHOOSE NOT TO PARTICIPATE, PLEASE RETURN THIS COMPLETED FORM TO SCHOOL BY Friday, October 9, 2020.