Screening Schedule	K or 1	2	3	4	5	6	7	8	9	10	11	12	Special Education
Physical Exam	X					Х					X		As Needed
School Nurse Services	X	X	Х	Χ	Х	Х	Х	Х	Χ	Х	Χ	Χ	X
Dental Exam	X		Χ				Х						As Needed
Vision	X	X	Х	Х	Х	Х	Х	X	Χ	Х	Χ	Χ	X
Growth	X	X	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Х	X
Hearing	X	X	Х				Х				Χ		As Needed
Tuberculin Test													As Needed
Scoliosis Screening						X	Х						
Health Counseling	X	X	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Х	X
School Follow-Through	X	X	Х	Х	Х	Х	Х	Х	Χ	Χ	Χ	Χ	X