STANDARDS FOR SCOLIOSIS SCREENING IN CALIFORNIA PUBLIC SCHOOLS

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A Message from the State Superintendent of Public Instruction

The National Scoliosis Research Society estimates that six million Americans have scoliosis, a lateral or side-to-side curvature of the spine. While there is no cure for scoliosis, early detection of scoliosis can prevent a deformity which may result in back pain, unsightly posture, and impairment of the body's range of motion and endurance. Untreated, the distortion of the spine can affect the function of other parts of the body, including the heart and lungs.

If schools, together with community health agencies, can help prevent permanent spinal deformity and accompanying health problems, it follows that very costly treatment and other forms of care can be avoided. California public schools offer a wide variety of screening programs designed to identify correctable health problems. Ensuring optimum health to the degree possible helps children and youths attain the highest achievement level within their capabilities.

The earlier edition of this publication, *Standards for Scoliosis Screening in California Public Schools,* which was published in 1985, outlined a model scoliosis screening program to be conducted by qualified personnel under appropriate conditions and within legal parameters. The program is designed to ensure that students who have scoliosis are identified and referred for medical evaluation before the student has finished growing and treatment becomes more involved. This 2007 edition updates and reinforces the standards and provides current best practices for school scoliosis screening.

The value of this publication can be confirmed only after many of you have used it. Therefore, as you proceed to implement your scoliosis screening program, please take the time to inform us of your success as well as areas needing further clarification. You may direct your communications to the School Health Connections/Healthy Start Office, California Department of Education, 1430 N Street, Suite 6408, Sacramento, CA 95814.

Jack O'Connell

JACK O'CONNELL
State Superintendent of Public Instruction

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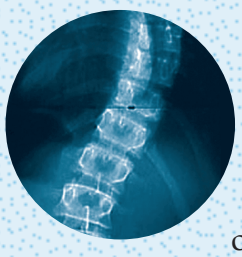
Introduction



Scoliosis has been a reality since human beings first assumed an erect posture. Cave drawings and woodcuts clearly show prehistoric people with spinal deformities. For years scoliosis had no known cause and was referred to as "idiopathic." Idiopathic scoliosis seems to be multifactorial in origin and can be genetic.

Scoliosis is a three-dimensional deformity of the spine that includes a lateral or sideways curvature and a rotation of the spine. The most common type, adolescent idiopathic scoliosis, is a disorder found during the years of rapid growth in girls nine to fourteen years of age and in boys eleven to sixteen years of age. Of the total population, 1 to 2 ½ percent will require medical follow-up, which may include periodic observations, active nonsurgical treatment (such as bracing), or surgery, depending on the amount of curvature at the time of detection.

The disorder tends to run in families. It is recommended that when a child is detected as having a possible spinal deformity, other siblings in the family be screened, regardless of their age or grade. Scoliosis screening is a visual assessment of the spine. Early detection, diagnosis, and treatment will help with the prevention of back pain, dysfunction, and increasing deformity.

The purposes of a scoliosis screening program are (1) to identify children with spinal

deformities early so that they can be properly diagnosed, treated, and monitored; and (2) to educate students, parents/guardians, school staff, and the community about the need for early detection and treatment.

The members of the scoliosis screening committee have addressed content, procedural and referral methods, the legal basis for the program, and the reimbursement policy. Persons desiring more information regarding scoliosis and its possible complications should consult their local health department, primary health care provider, the selected references in this manual, or organizations dedicated to the cause and treatment of scoliosis, such as the Scoliosis Research Society (www.srs.org).

This publication is intended as a reference for school personnel, such as nurses, selected teachers, and administrators, on the procedures for initiating and maintaining a scoliosis screening program, as mandated by state law, for girls in grade seven and boys in grade eight.[1] It provides school personnel with one document that contains standards for school screening programs and related laws and regulations. The standards are intended for use in planning and implementing programs for the assessment of spinal deformities to minimize the impact of these conditions on the lives of California children and youth.

Objectives of the Screening Program

The major objectives of the scoliosis screening program are to:

1. Prevent the progression of spinal deviations that may affect the student's health.
2. Identify students with common spinal deviations.
3. Improve in-school management of children with spinal deviations by coordinating efforts with parents/guardians, school staff, and health professionals by:
   a. Modifying the school educational program to accommodate students' needs
   b. Assisting with the prescriptive medical regimen for treatment
   c. Establishing follow-through procedures that will ensure each identified student receives appropriate care
   d. Offering the student modified physical education
4. Notify the parents of each student with a possible spinal deviation and encourage further professional spinal evaluation.

Characteristics of an Effective Screening Program

An effective scoliosis screening program should do the following:

1. Have the support of school personnel.
2. Provide for adequate screening time.
3. Provide in-service training sessions and demonstrations on screening techniques.
4. Provide appropriate space to ensure students' privacy during screening, with separate areas for males and females.
5. Provide prescreening education to students to facilitate a positive experience and willingness to participate.
6. Include appropriate follow-through procedures when the condition is most amenable to treatment.
7. Adhere to reporting procedures for reimbursement.
8. Provide appropriate notification for parents/guardians regarding screening and referral procedures.

[1]While scoliosis screening for female students in grade 7 and for male students in grade 8 is required by California *Education Code* Section 49452.5, according to the National Scoliosis Foundation (NSF), screening should start much earlier, particularly for girls. The NSF states that research demonstrates spinal growth and a major percentage of curve progression occurs before, during, and immediately following menarche.

Legal Basis for Scoliosis Screening

On January 1, 1982, Section 49452.5 was added to Chapter 9 of the *Education Code (EC).* It mandated scoliosis screening for girls in grade seven and boys in grade eight. The State Board of Education adopted regulations in 1981 that define duly authorized agents, standards, and staffing for scoliosis screening. Proposed regulations and codes applicable to scoliosis screening are presented in Appendix B.

Reimbursement Policy

In accordance with the provisions of the *Government Code,* Section 17561, school districts are authorized to file claims with the State of California for costs incurred as the result of a mandate. School districts will be reimbursed for costs associated with screening, recordkeeping, referral, follow-up, and administration of the scoliosis screening program. Estimated costs for the school year are submitted in January, and actual costs are submitted a year later. Schools are to be penalized for failure to make claims for either estimated or actual costs. Instructions and procedures for submitting estimated and actual costs are presented in Appendix C.

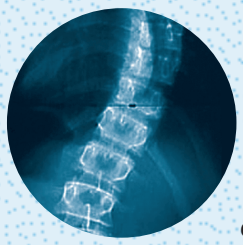
Personnel Authorized to Conduct Screening

Persons in school districts or county offices of education who may be required or permitted to do screening for spinal deformities must be qualified to do so (*EC* Section 49452.5). The following persons may serve as screeners:

1. Certificated county office of education or school district employees who satisfactorily completed the required scoliosis training and provide screening under the supervision of a qualified supervisor of health as defined in *EC* sections 44871–44878.
2. Health care practitioners, such as a school nurse, nurse practitioner, physician, orthopedic surgeon, physical therapist, or chiropractor, who hold both (a) a certificate of registration from the appropriate California board or agency; and (b) a school nurse credential or a standard designated services credential with a specialization in health (*EC* Section 49422) and have been trained to provide scoliosis screening
3. Contract agents meeting the above requirements and authorized by the office of the superintendent of schools of the county in which the district is located. Recommendations related to contracting for scoliosis screening are in Appendix E.

It is recommended that qualified supervisors of health as specified in *EC* sections 44871–44878 and 49422 may screen students of either sex. Other trained certificated personnel should screen only students who are of the same sex as the screener.

Program Implementation



The focus of a school scoliosis screening program should be on education about scoliosis and early detection of children with common spinal deviations. If the program is to be effective, it will require a collaborative team effort involving the resources of both the school and community.

Education Component

A scoliosis program should include an education program for school staff, screeners, and students and an awareness program for the community. The following should be considered a guideline to this activity:

1. Meet with representatives of districts and county offices of education and other appropriate community agency personnel, including a representative of California Children's Services, to discuss program planning, including ways to:
   a. Establish support for the program and its implementation.
   b. Determine the identity of qualified screeners.
   c. Determine the training needs for screeners.
   d. Determine the need for an in-service training program for school staff.

   e. Identify available community resources to assist with training, screening, and referral.
   f. Determine scoliosis screening information for the annual parents'/guardians' rights letter.
2. Confirm participation of community resources to:
   a. Assist in program implementation.
   b. Serve as referral/ treatment resources.
   c. Determine referral process.
3. Plan and implement in-service training for screeners and education for school staff.
4. Meet with parents/guardians and community groups to obtain their support and to help them gain an understanding of the seriousness of scoliosis and related spinal deformities and the importance of early detection.
5. Inform parents/guardians and other interested persons about the referral procedures to be followed by the school, community resources available for further diagnosis and treatment, the follow-through process, and possible educational accommodations.
6. Provide prescreening education for students that includes grade-level-appropriate information about scoliosis and what to expect during the screening program.

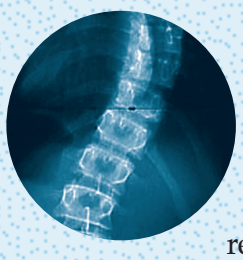
Early Detection

The onset of idiopathic scoliosis is gradual. Curve progression usually coincides with the adolescent growth spurt between the ages of nine and sixteen years. In most cases, the development of the curvature goes unnoticed by the parent and child alike because curvature in an adolescent is not usually obvious when a child stands, sits, or walks. Pain is seldom associated with scoliosis at this early stage. Since the early onset of scoliosis is generally asymptomatic, the problem is often not detected until the curvature has progressed. Treatment is begun, therefore, at a later stage. Because treatment methods differ, depending on the physical development of the child, the nature of the curve, and other factors, early awareness of the problem becomes important. Early detection and subsequent nonsurgical treatment may preclude the need for some children to undergo major surgery.

While California state law requires scoliosis screening for girls in grade seven and boys in grade eight, the goals for early detection should be to:

1. Detect curvatures of the spine before a child's growth spurt is complete when such conditions are more amenable to nonoperative treatment.
2. Examine children yearly in the risk years (grades five through ten).
3. Recognize that through early detection more optimal treatment can be obtained.

Training Program Standards



EC Section 49452.5 requires that in-service training of screeners be in accordance with the rules and regulations established by the State Board of Education. In-service training may be conducted by orthopedic surgeons, physicians, school nurses, physical therapists, and chiropractors who hold valid credentials and who have received specialized training in scoliosis detection. The following are some of the goals, training requirements, and course content of such a program.

Goals of the Training Program

The supervisors of scoliosis screening programs and instructors of screeners will be able to:

1. Assess a child accurately for evidence of scoliosis.
2. Recognize the physical criteria that indicate the need for rescreening and referral.
3. Identify available health and other community resources for referrals.
4. Plan and implement educational and informational programs and materials for students, parents/guardians, school

district personnel, and members of the local medical community, including physicians, hospital workers, and persons employed by California Children's Services.
5. Complete screening, reporting, and referral forms.
6. Compile parents'/guardians' refusal to consent to screening forms
7. Maintain appropriate information for claiming reimbursement.

Training Requirements

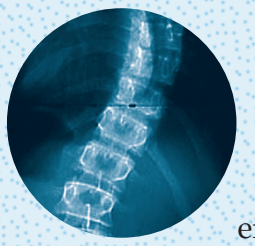
A qualified health professional, as described in *EC* Section 49452.5, will conduct the in-service training. While it is recommended that the training span at least four hours, the actual length of the training should be adequate to cover all the aspects of the course content described in the next section. The trainee should be given a training certificate upon successful completion of the prescribed requirements.

Course Content

At a minimum, the in-service course content should include the following:

1. Legal basis for the screening program, including regulations, *EC*, and guidelines.
2. Discussion of scoliosis and its many forms and ramifications.
3. Treatment modalities and effects of nontreatment.
4. Psychological consideration of students and parents.
5. Use of ancillary services.
6. Screening techniques.
7. Criteria for referral.
8. Reporting, recording, and follow-through procedures.
9. Education of parents/guardians, community, and students about scoliosis and the screening program.
10. Organization of a scoliosis screening program.
11. Evaluation procedures.
12. Reimbursement procedures.
13. Current research.
14. Practicum supervised by an experienced screener.

Screening Procedure



Existing law requires that all female students in grade seven and all male students in grade eight be given scoliosis screening by qualified personnel. Before the initiation of the screening program, parents/guardians should be informed in their primary language about the plan to conduct scoliosis screening and of their right to refuse to consent for their child's participation (*EC* Section 49451). Such refusals must be submitted to the school in writing, and the written refusal should be recorded and filed in the student's health folder.

Screeners must be alert and sensitive to students' shyness and anxiety. To secure the confidence, understanding, and cooperation of the students participating in the screening process, the person administering the program or a school staff member should explain to the students, before the actual day of screening, its purposes and procedures and should advise students how to prepare for the screening.

Preparation for Screening

Students at this age are very self-conscious. Every effort should be made to minimize their anxieties. The following include ways the students' privacy may be protected:

1. Screen boys and girls separately.
2. Screen all students individually, in private.
3. Provide an area near the examination area where students can change their clothing.
4. Have the boys strip to the waist and wear briefs or gym shorts.
5. Have the girls wear clothing that can be removed easily when entering the screening area.
6. Encourage girls to wear swim suit tops or sports bras on screening day.
7. Have students loosen their waist bands (if necessary) for observation of the waistline.
8. Have students remove shoes before screening.
9. Make arrangements for extra privacy in special cases; for example, girls without bras or obese students.
10. Avoid all unnecessary comments regarding a student's examination.

The area in which the screening is conducted should be reserved well in advance of screening day and set up to accommodate both the student and the screener, as follows:

1. Cover windows or have screens available to protect student privacy.
2. Provide a roster of students to be screened, screening forms, and pencils in the screening area.
3. Place masking tape on the floor to indicate where students should stand.
4. Make sure the room is well-lighted, warm, and comfortable for students to be screened.

Screening Positions

Every student is screened from the back, front, and side in a standing position and in a bent-over position to enable the screener to identify a possible spinal deformity. The sequence is planned for optimum use of time and motion. The "Postural Screening Work Sheet" (Appendix A) may be used to identify the results.

Standing Position (Back)

The screener stands 5 to 8 feet (1.5 to 2.4 meters) from the tape mark on the floor. The student stands with his or her back facing the screener, toes on the tape, feet slightly apart, knees straight, weight evenly distributed on both feet, shoulders relaxed, and arms at the sides and relaxed. The screener observes the student from the back, side, and front and checks for the following:

1. Asymmetrical positioning of the head in relation to the shoulders and pelvis
2. Difference in shoulder height
3. Uneven shoulder blades (scapulae). One shoulder blade may protrude or be higher than the other, indicating a thoracic scoliosis or kyphosis (abnormal backward curvature)
4. Accentuated round back; that is, the shoulders hunched forward
5. Grossly accentuated swayback
6. Accentuated prominence of the thorax and lumbar spine
7. Accentuated prominence of the buttocks
8. Unequal distance between the arms and body. If a student has scoliosis, the arm on one side of the body may be located farther away from the waist or flank area
9. Difference in length of arms as they hang down relaxed
10. Uneven hip heights and waist crease(s); that is, one hip may be higher than the other, and the waist crease(s) may be deeper or more prominent on one side
11. Lateral curvature of the spine
12. Leg length difference greater than 1/2 inch (1.3 centimeters) when measurement is indicated by observation of the height of each side of the pelvis with the student standing (Tolo 1993)

Forward Bending Position (Adams Forward Bend Test)

The student puts chin to chest, hands together, and bends forward from the waist 90 degrees. The screener walks around the student observing again from the back, sides, and front for the following:

1. Asymmetry of the rib cage or upper back; that is, one side higher than the other, as in the presence of a rib hump in the back
2. Presence of lumbar prominence
3. Presence of excessive kyphosis from side view
4. Head not directly over the feet or the body, twisting to one side in relationship to the feet

A scoliometer may be used following the visual screening in this position.

Recording of Data

The following data should be recorded during screening:

1. Date and results of the screening on the student health record
2. Data required for state reimbursement (Refer to the claim for payment form provided in Appendix C)
3. Parents'/guardians' refusal of screening should be clearly documented in the student's health folder

Rescreening

Criteria for rescreening are as follows:

1. Students for whom any positive findings are made should be rescreened on the same day (if at all possible) by a screener other than the original screener.
2. Regulations do not require that the parent be notified of the need for rescreening. However, parental contact either by letter or phone may be advisable in some situations.
3. Procedures for the rescreening should be the same as those used in the original screening.

Parental Notification and Referral to a Physician

After the rescreening, the parents/guardians of a student with a suspected spinal deviation must be notified in their primary language that their child is suspected of having scoliosis. The notification must include all of the following elements:

- **An explanation of scoliosis**
- **Information on the importance of early treatment**
- **The public services available for evaluation, diagnosis, and treatment**

Optimally, both students with suspected findings and their parents/guardians should be notified for immediate counseling. They should be informed that a suspected spinal deviation does not constitute a diagnosis of scoliosis but does indicate the need for further evaluation. During the initial nurse and parent/guardian conference, the school nurse should do the following:

1. Explain the results of the screening and their significance.
2. Respond to all questions. Allow the parents/guardians to express their concerns and anxieties.
3. Ascertain whether the family needs help in obtaining a source of care.
4. Explain the referral form so that the parents/guardians will understand the information given to them.
5. Reinforce that the referral form needs to be taken to the medical appointment.
6. Explain the information being sought from the physician and the importance of the student returning the form to the school, regardless of the findings.
7. Discuss how follow-up will be handled at the school and the arrangements that

might be possible to accommodate the student in the learning environment.

8. Arrange with the parents/guardians to have screenings of siblings over eight years of age, if the physician's evaluation is positive for scoliosis, since scoliosis tends to run in families.

Any of the following conditions noted during the screening signal the need for evaluation by a physician:

1. Significantly elevated or prominent shoulder or scapula
   a. Greater than 1-inch (2.5-centimeter) difference in shoulder height
   b. Greater than 1-inch (2.5-centimeter) difference in scapula height
2. Prominence of the thoracic ribs or the lumbar area. Any amount of asymmetry is an indication for referral. The prominence could be present in the thoracic area on one side and the lumbar area on the other side. Seven degrees or greater in scoliometric measurement (the use of a scoliometer with defined parameters could lessen the number of false positive results and unnecessary referrals) or a rib hump height of height of ten millimeters or greater (Pruijs 1992) mandates referral.
3. Excessive thoracic kyphosis, particularly if it is angulated and not reversed by hyperextension.
4. Excessive lordosis (forward curvature of the spine) that cannot be reversed by forward flexion of the spine.
5. Asymmetry of the waistline, with flattening of the waist on one side and accentuation on the other. This condition can be associated with lumbar scoliosis or unequal leg length.
6. Leg length difference greater than 1/2 inch (1.3 centimeters) when measurement is indicated by observation of the height of each side of the pelvis with the student standing (Tolo 1993).
7. Any persistent back pain, with or without deformity, that interferes with normal activity. Questions to ask about back pain before referral include:
   a. Does the pain wake you up at night?
   b. Do you need medication for the pain?
   c. Is the pain defined in one specific area?
   d. Does the student have tight hamstrings on forward bend?
   e. Does the pain stop you from participating in activities?
   f. For girls, does the pain occur in conjunction with the menstrual period?

Follow-Through

Students diagnosed with scoliosis and their parents/guardians will need support to allay their fears and help them complete the evaluation process. After the evaluation has been completed, the school should follow through within the parameters of the available school health services. Special services that might be offered include the following:

1. Modification of a physical education program
2. Supervision of exercises recommended by the care provider
3. Supervision for care of brace, including prescribed wearing period
4. Counseling of students and/or parents/guardians regarding a prescribed program for weight control, diet, exercise, medication, and so on
5. Offer support group information to students and parents/guardians
6. Determine need for emotional, social, and/or psychological support of the student related to the diagnosis

All pertinent information relative to scoliosis screening; evaluation results, and the monitoring process is recorded on the student's school health form and is confidential.

Checklists for Scoliosis Screening

For the Administrator

This checklist provides a number of items that are essential for a good scoliosis screening program in the school and can be used to plan your program.

Is the school doing the scoliosis screening on all grade seven girls and grade eight boys as required? (*Education Code* Section 49452.5)	Yes ___	No ___
Does the screener meet the state requirement for performing this service?	Yes ___	No ___
Has the screener had the appropriate in-service training to perform this service?	Yes ___	No ___
Is a lesson conducted in the classroom on scoliosis and its potential effects on growth and development?	Yes ___	No ___
Has the trained screener been provided with the necessary forms and appropriate space?	Yes ___	No ___
Is there a follow-through plan for rescreening and making the necessary school adjustment to accommodate the student?	Yes ___	No ___
Has the school identified community resources for students needing referral?	Yes ___	No ___
Does the school have a plan to coordinate with community agencies offering gratuitous help?	Yes ___	No ___
Have parents been informed in writing in their primary language about the scoliosis screening program and their right of refusal to consent for the child's participation?	Yes ___	No ___
Are screening and recording work sheets available?	Yes ___	No ___
Is a report form to parents available?	Yes ___	No ___
Is a referral form available?	Yes ___	No ___
Is there a check sheet for referral follow-up?	Yes ___	No ___
Are data sheets for including information about requirements for state reimbursement available?	Yes ___	No ___
Has a schedule been made for necessary ancillary services (persons for screening assistance, recording, custodial services)?	Yes ___	No ___
Has a suitable physical environment been selected?	Yes ___	No ___

Two to three weeks before the screening date:

Has there been confirmation from appropriate personnel as to dates and locations for screening and rescreening?	Yes ___	No ___
Are the screening and recording forms available?	Yes ___	No ___
Has there been an education program scheduled for students as close to the screening date as possible that includes instruction on the screening process?	Yes ___	No ___
Has information been sent to the parent/guardian regarding the scoliosis screening program? If the district requires parent/guardian consent, have the consent forms been sent?	Yes ___	No ___
Is there a plan for follow-up procedure(s)?	Yes ___	No ___

One week before the screening date:

Is the screening roster updated and ready for use?	Yes ___	No ___
Have staff and volunteers been reminded of screening dates and locations?	Yes ___	No ___
Was an information item included in the school bulletin or newspaper?	Yes ___	No ___
Have the facilities been checked for appropriate lighting, room temperature for comfort, and privacy?	Yes ___	No ___

The day before the screening:

Has a selected staff member, such as a physical education instructor, been designated to review with students the preferred clothing for scoliosis screening?	Yes ___	No ___
Is there a supply of forms necessary for the program?	Yes ___	No ___
Is the screening area set up for the scoliosis screening?	Yes ___	No ___
Are separate areas set up for boys and girls if screening is to be done at the same time?	Yes ___	No ___
Are there paper exam gowns for girls who may have forgotten to be appropriately attired?	Yes ___	No ___
If parent/guardian consent forms are used, have the completed forms been received by the school?	Yes ___	No ___

For the Screener to Set Up and Organize the Screening

Have educational materials been prepared to present to students, parents, and the community:

For student orientation?	Yes ___	No ___
For staff orientation?	Yes ___	No ___
For in-service training?	Yes ___	No ___
About the screening date?	Yes ___	No ___
About a screening date for absentees?	Yes ___	No ___
About a rescreening date?	Yes ___	No ___

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Appendixes

Appendix A
Sample Screening Program Forms

Appendix B
Legal Provisions

Appendix C
Claim Forms and Supporting Information for Reimbursement of Costs

Appendix D
Glossary and Definitions

Appendix E
Contract Agencies

Sample Permission to Screen Pupils

(School Letterhead)

Scoliosis Screening Program

Dear Parent:

State law (*Education Code* Section 49452.5) requires that school districts in California provide scoliosis screening for seventh grade female students and eighth grade male students. The law also requires that qualified personnel conduct the screening.

Scoliosis is a curvature in the spine and can affect the function of parts of the body, including the heart and lungs. Screening is performed by observing the uncovered spine, viewing the student from the back, side, and front and also from all sides with the student bending forward. If a spinal problem is suspected, the child will be rechecked at a second screening. Parents of students found to have signs of a possible spinal abnormality will be asked to see their own physicians for further evaluation.

Girls and boys will be screened separately to ensure privacy. They can wear gym clothes, bathing suits, or other clothing that can be removed easily. Screening for your child will take place within the next two weeks. If your child is currently under treatment for a spinal deformity, please let us know, and your child will be exempt from the screening process.

Please sign below and return to the school nurse only if you do not want your child included in the scoliosis screening.

— —

I do not wish my son/daughter to be included in the scoliosis screening.

STUDENT'S NAME _____ PARENT'S SIGNATURE _____

DATE _____

Appendix A
Sample Screening Program Forms

Postural Screening Work Sheet

If an indication of scoliosis is present, mark the appropriate letter or place a check in the box after the student's name and under the appropriate illustration.

SCHOOL

ADDRESS

SCREENER

GRADE DATE

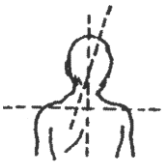
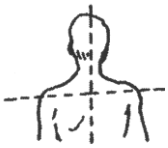
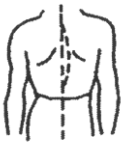
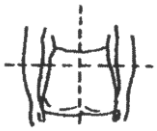
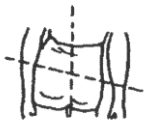
			Standing Back	Forward	Bending	Standing Profile	Standing Facing	Scoliometer	Under current medical treatment	Refer for rescreening Date:	Rescreening Screener: Date:	Follow-up			
Student's name	Sex	Date of birth	A-Head B-Shoulder C-Scapula D-Spine E-Waist	A-Thoracic Hump B-Lumbar Hump C-Ribcage Hump	Spinal Hump	A-Head B-Round Back C-Sway-back D-Buttocks	A-Shoulder B-Arm to Body C-Hip D-Waist	Measurements	Yes or No	Date	Confirm Findings yes/no	Date family contacted	Date referred to physician	Physician's diagnosis and treatment report date	School follow-up needed

Appendix A
Sample Screening Program Forms

Screening Work Sheet

(Place an X in the appropriate box to indicate your assessment of the student's condition in each area. If additional comments are necessary, use the space provided at the bottom of this page.)

Student's name: _____

				Grading		
	Good	Fair	Poor	Good	Fair	Poor
Head Tilt Left Right						
High Shoulders Left Right						
Spinal Curve Left Right						
High Hip Left Right						

Other comments:

Scoliosis Screening and Referral Criteria

	Normal		Physical Signs of Curve	
Back to screener		Shoulders are level.		One shoulder markedly higher can indicate a high thoracic curve.
		Scapulae are level and symmetrical. Body to arm distance equal on both sides.		**THORACIC SCOLIOSIS** One scapulae is elevated. Hip appears higher. Body to arm distance is unequal in lumbar scoliosis.
Forward bend away from screener		Normal view is symmetrical.		**THORACIC SCOLIOSIS** Slight forward bending will demonstrate a thoracic prominence.
Forward bend away from screener		Normal view is symmetrical.		**LUMBAR SCOLIOSIS** Further bending will demonstrate a lumbar prominence.
Side facing screener		Mild thoracic posterior curve, neck erect, and head balanced.		**THORACIC KYPHOSIS** Upper back is markedly rounded posteriorly. Neck and chin forward may be associated with lumbar lordosis.
		Lower back slightly hollow.		**LUMBAR LORDOSIS** Marked hollow in the lumbar area, usually associated with abdominal protuberance.
Bend with side facing screener		Smooth line from pelvis to head.		**THORACIC KYPHOSIS** Exaggerated angle in the spine.
Forward bend toward screener		Normal rib cage is symmetrical.		**THORACIC SCOLIOSIS** Rib cage is prominent on one side.

Source: School Health Program, California State Department of Education

Appendix A
Sample Screening Program Forms

Scoliosis Services Time Accounting Report

(Some school districts require those who conduct scoliosis screening programs to maintain a detailed record of the time spent in this activity. If your district has such a requirement, this format, or one similar to it, may prove beneficial in providing data to the district office.)

SCHOOL/DISTRICT NAME

ADDRESS

CITY ZIP CODE ( ) TELEPHONE

MONTH _____

REPORT FOR SCHOOL YEAR 20___ - 20___

Services	Number of hours, by day of the month																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Parent notification																															
Health education																															
Screening																															
Rescreening																															
Referral																															
Follow-up																															
Recording																															
Screener training																															

	Total number of seventh grade females	Total number of eighth grade males
Screened		
Rescreened		
Referred		
Diagnosed		

TOTAL HOURS PER MONTH _____

SCREENER'S NAME

CLASSIFICATION

DATE SUBMITTED

Report of Scoliosis Screening

(Notification Form to Parents and Doctor)

Dear Parents or Guardians of _____

Your child was screened for scoliosis at school and found to have a possible abnormal curvature of the spine. Although the results do not definitely mean there is a problem or that treatment is needed, it is recommended that you have further evaluation by a physician.

Only a small percentage of children need treatment, but those who show any sign of a spinal curvature must be evaluated by a licensed physician. Early detection and treatment could save your child from a very serious deformity.

Please take this form with you at the time of the doctor's examination. Your signature below will authorize your daughter's/son's physician to return important information to the school nurse. Thank you for your cooperation.

_____ _____
SIGNATURE OF NURSE DATE SIGNATURE OF PARENT OR GUARDIAN

_____
SCHOOL

_____
ADDRESS

_____
CITY STATE ZIP CODE

_____
TELEPHONE NUMBER

(Continued on next page.)

Report of Scoliosis Screening (Continued)

Dear Doctor:

_____ was advised to seek further medical evaluation because our recent scoliosis screening detected the following abnormalities:

Standing	*Right*	*Left*	*Forward bending*	*Right*	*Left*
One shoulder higher	_____	_____	Thoracic prominence	_____	_____
Prominent scapula	_____	_____	Lumbar prominence	_____	_____
Elevated scapula	_____	_____	Scoliometer Reading	_____	_____
Higher iliac crest	_____	_____	*Side view*		
Waist crease greater	_____	_____	Lordosis	_____	_____
Arm to body space wider	_____	_____	Kyphosis	_____	_____

In order for the school to fully evaluate this screening program, it is necessary to receive follow-up information from you. We request that you complete the information on the reverse side of this form and then return it to the school nurse at the address listed above.

Report from Medical Examiner to School

Was scoliosis confirmed? Yes _____ No _____

Was an X-ray taken of the child standing? Yes _____ No _____

If yes, please indicate the degree of the curve using the Cobb method of measurement.

Thoracic_____ Lumbar_____

Was there a different diagnosis? Yes _____ No _____

If yes, please comment.

Please indicate which of the following is applicable:

____ The student will return to me for reevaluation in three to six months.

____ A decision regarding bracing or surgery is pending.

____ The student is being referred to another physician. (Please write the name below.)

_____
NAME

_____
ADDRESS

Recommendations regarding physical education: Yes _____ No _____ Restrictions _____

If restrictions are indicated, give length of time and specify limitations.

Other comments regarding your treatment plan:

Thank you for your cooperation. Please return this form to the school nurse identified on the front side of this page.

_____
SIGNED DATE

_____
NAME (PLEASE PRINT OR TYPE)

_____
ADDRESS TELEPHONE NUMBER

Appendix A
Sample Screening Program Forms

Individual Student Data Sheet (Optional)

(For Student's Health Record)

LAST NAME FIRST NAME AGE SEX GRADE

Date of screening _____ Dates previously screened _____

STANDING POSITION

(Specify from back view, front view, or both)

	Yes	No
Are shoulders level?	____	____
Are hips same level?	____	____
Any apparent spinal deviation while erect?	____	____
Is arm to body space equal?	____	____
Is there shoulder prominence? If "Yes," Right ___ or Left ___	____	____
Is there shoulder blade prominence? If "Yes," Right ___ or Left ___	____	____
Is there lumbar prominence?	____	____
Are the scapulae level? If "Yes," Right ___ or Left ___	____	____

FORWARD BENDING

	Yes	No
Is there thoracic prominence?	____	____
Is there lumbar prominence?	____	____

OTHER ABNORMALITIES NOTED

	Yes	No
Kyphosis?	____	____
Lordosis?	____	____

Other _____

(Describe)

NOTIFICATION FORM SENT HOME

Date sent _____ Reply received _____ From whom _____

Diagnosis _____ Prognosis _____

FOLLOW-UP

Person contacted _____ Date _____

Reason _____

Comments:

Appendix A
Sample Screening Program Forms

Summary of Scoliosis Screening (Optional)

SCHOOL/DISTRICT DATA PROVIDED BY

ADDRESS TELEPHONE

DATE OF SCREENING LOCATION (BUILDING) OF SCREENING

Number of students in your charge:

_____ Grades _____ Age range _____

Number of students screened:

Male _____ Grades _____ Age range _____

Female _____ Grades _____ Age range _____

Before referral to outside physician, students are rescreened in district by:

____ School physician
____ Another school nurse-teacher
____ Physical education instructor
____ Other (state by whom) _____

Before referral to physician, students with possible positive findings were rescreened:

Yes _____ No _____

Number found to have possible scoliosis:

Male _____ Female _____

Number found to have other spinal defects:

Kyphosis ____ Lordosis _____

Number referred for an additional evaluation: _____

Number confirmed by physician _____
To be observed _____
Brace _____
Surgery _____

Description of students confirmed by physicians to have possible spinal deviation:

Age	Male	Female

Number of students being treated or watched for scoliosis before screening program:

Male _____ Female _____

Follow-up comments:

Appendix B
Legal Provisions

Sections from the California *Education Code*

Employment of Supervisors of Health

1750. The county superintendent of schools may, with the approval of the county board of education, employ one or more supervisors of health, as supervisors of health are defined in Section 49420, to provide health services to pupils in elementary school districts under his jurisdiction which had less than 901 units of average daily attendance during the preceding fiscal year, to pupils in high school districts under his jurisdiction which had less than 301 units of average daily attendance during the receding fiscal year, and to pupils in unified school districts under his jurisdiction which had less than 1,501 units of average daily attendance during the preceding fiscal year.

Authority to Contract for Provision of Health Services

1751. In lieu of employing supervisors of health, the county superintendent of schools may, with the approval of the county board of education, contract with the board of supervisors of the county, in which he holds office, or with any local health district located wholly or partially within such county, for the provision of health services by employees of the county health department or local health district to pupils in the school districts specified in Section 1750.

Provision of Health Services under District Agreement

1752. The county superintendent of schools may, with the approval of the county board of education enter into an agreement with the governing board of any school district under his jurisdiction for the provision of any or all health services to the district by the county superintendent of schools. The agreement shall provide for the payment of the cost of providing the services. The county superintendent of schools shall transfer from the funds of the district to the county school service fund the amounts set forth in the agreement.

Credential Requirements

1753. The services described in Sections 1750, 1751, and 1752 shall be performed by persons who hold a valid health and development credential, or life diploma based thereon, or a services credential with a specialization in health issued by the state board or Commission for Teacher Preparation and Licensing; provided, however, that a psychologist may be employed to perform psychological services or may perform psychological services under contract if he or she is the holder of a valid school psychologist credential issued by the state board.

Duties of Supervisors of Health

1754. A supervisor of health employed by the county superintendent of schools shall perform such duties in connection with the super vision of health of pupils as are prescribed by the county superintendent of schools. All rules governing health services provided pursuant to Sections 1750, 1751, or 1752 shall be made by the county superintendent of schools.

Qualifications of Supervisors of Health

44871. The qualifications of supervisors of health shall be as provided in Sections 44873 to 44878, inclusive.

Standard Designated Services Credential with a Specialization in Health

44872. For the purposes of Sections 44873 to 44878, inclusive, "standard designated services credential with a specialization in health" and "services credential with a specialization in health" includes a community college health services credential when the service is provided in grades 13 and 14.

Qualifications for Physicians and Surgeons

44873. The qualifications for a physician and surgeon employed to serve on a half-time or greater than half-time basis shall be a valid certificate to practice medicine and surgery issued by the Medical Board of California or Osteopathic Medical Board of California and either a services credential with a specialization in health or a valid credential issued prior to November 23, 1970. The qualifications for a physician and surgeon employed for less than half time shall be a valid certificate to practice medicine and surgery issued by the Medical Board of California. Any school district may employ and compensate physicians and surgeons meeting the foregoing qualifications for the performance of medical services for that district and shall provide liability insurance coverage for the period of his or her employment.

As used in this section "medical services" includes, but is not limited to, any medical services required to be performed while required to be in attendance at high school athletic contests or meets.

Qualifications for Nurse

44877. The qualifications for a nurse shall be a valid certificate of registration issued by the Board of Nurse Examiners of the State of California or the California Board of Nursing Education and Nurse Registration and a health and development credential, a standard designated services credential with a specialization in health, or a services credential with a specialization in health.

The services credential with a specialization in health authorizing service as a school nurse shall not authorize teaching services unless the holder also completes the requirements for a special class authorization in health in a program that is approved by the commission.

On and after January 1, 1981, the qualifications for a nurse shall also include proof satisfactory to the school district that the nurse has acquired training in child abuse and neglect detection. This requirement may be satisfied through participation by the nurse in continuing education activities relating to child abuse and neglect detection and treatment.

Diligent Care

49400. The governing board of any school district shall give diligent care to the health and physical development of pupils, and may employ properly certified persons for the work.

Contracts

49402. Contracts between any city, county, or local health district and the governing board of any school district located wholly or partial within such city county, or local health district for the performance by the heal officers or other employees of the health department of such city, county, or local health district of any or all of the functions and duties set forth in this chapter, Section 49404, and in Article 1 (commencing with Section 49300) of Chapter 8 of this part relating to health supervision of school buildings and pupils are hereby authorized.

In any such contracts the consideration shall be such as may be agreed upon by the governing board and the city, county, or local health district and shall be paid by the governing board at such times as shall be specified in the contract. This section shall not apply to any district which is under the control of a governing board which has under its control a district or districts having a total average daily attendance of 100,000 or more pupils.

Supervision of Health and Physical Development of Pupils

49422.

(a) No physician, psychiatrist, oculist, dentist, dental hygienist, optometrist, otologist, podiatrist, audiologist, or nurse not employed in that capacity by the State Department of Health Services, shall be, nor shall any other person be, employed or permitted to supervise the health and physical development of pupils unless he or she holds a services credential with a specialization in health or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.

(c) The services credential with a specialization in health authorizing service as a school nurse shall not authorize teaching services unless the holder also completes the requirements for a special class authorization in health in a program that is approved by the commission.

(d) No physician employed by a district to perform medical services pursuant to Section 44873, who meets the requirements of that section, shall be required to hold a credential issued by the State Board of Education or commission.

School Nurses; Qualifications; Services

49426. A school nurse is a registered nurse currently licensed under Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code, and who has completed the additional educational requirements for, and possesses a current credential in, school nursing pursuant to Section 44877.

School nurses strengthen and facilitate the educational process by improving and protecting the health status of children and by identification and assistance in the removal or modification of health-related barriers to learning in individual children. The major focus of school health services is the prevention of illness and disability, and the early detection and correction of health problems. The school nurse is especially prepared and uniquely qualified in preventive health, health assessment, and referral procedures.

Nothing in this section shall be construed to limit the scope of professional practice or otherwise to change the legal scope of practice for any registered nurse or other licensed healing arts practitioner. Rather, it is the intent of the Legislature to provide positively for the health services, many of which may be performed in the public schools only by physicians and school nurses. School nurses may perform, if authorized by the local governing board, the following services:

(a) Conduct immunization programs pursuant to Section 49403 and assure that every pupil's immunization status is in compliance with the law, including parental or guardian consent, and good health practice.

(b) Assess and evaluate the health and developmental status of pupils to identify specific physical disorders and other factors relating to the learning process, communicate with the primary care provider, and contribute significant information in order to modify the pupils' educational plans.

(c) Interpret the health and developmental assessment to parents, teachers, administrators, and other professionals directly concerned with the pupil.

(d) Design and implement a health maintenance plan to meet the individual health needs of the students, incorporating plans directed by a physician.

(e) Refer the pupil and his or her parent or guardian to appropriate community resources for necessary services.

(f) Maintain communication with parents and all involved community practitioners and agencies to promote needed treatment and secure reports of findings pertinent to educational planning.

(g) Interpret medical and nursing findings appropriate to the student's individual educational plan and make recommendations to professional personnel directly involved.

(h) Consult with, conduct in-service training to, and serve as a resource person to teachers and administrators, and act as a participant in implementing any section or sections of a comprehensive health instruction curriculum for students by providing current scientific information regarding nutrition, preventive dentistry, mental health, genetics, prevention of communicable diseases, self-health care, consumer education, and other areas of health.

(i) Counsel pupils and parents by:

(1) Assisting children and youth, parents, and school personnel in identifying and utilizing appropriate and mutually acceptable private and community health delivery services for professional care and remediation of defects.

(2) Counseling with parents, pupils and school staff regarding health-related attendance problems.

(3) Helping parents, school personnel and pupils understand and adjust to physical, mental and social limitations.

(4) Exploring with families and pupils, attitudes, information and values which affect their health behavior.

(j) Assist parents and pupils to solve financial, transportation and other barriers to needed health services.

The holder of a services credential with a specialization in health for a school nurse who also completes the requirements for a special class authorization in health in a program that is approved by the commission is authorized to teach classes on health in a preschool, kindergarten, grades 1 to 12, inclusive, and classes organized primarily for adults.

Rules to Insure Proper Care and Secrecy

49450. The governing board of any school district shall make such rules for the examination of the pupils in the public schools under its jurisdiction as will insure proper care of the pupils and proper secrecy in connection with any defect noted pt supervisor of health or his assistant and may tend to the correction of the physical defect.

Parent's Refusal to Consent

49451. A parent or guardian having control or charge of any child enrolled in the public schools may file annually with the principal of the school in which he is enrolled a statement in writing, signed by the parent or guardian, stating that he will not consent to a physical examination of his child. Thereupon the child shall be exempt from any physical examination, but whenever there is a good reason to believe that the child is suffering from a recognized contagious or infectious disease, he shall be sent home and shall not be permitted to return until the school authorities are satisfied that any contagious or infectious disease does not exist.

Scoliosis Screening

49452.5. The governing board of any school district shall, subject to Section 49451 and in addition to the physical examinations required pursuant to Sections 100275, 124035, and

124090 of the Health and Safety Code, provide for the screening of every female pupil in grade 7 and every male pupil in grade 8 for the condition known as scoliosis. The screening shall be in accord with standards established by the State Department of Education. The screening shall be supervised only by qualified supervisors of health as specified in Sections 44871 to 44878, inclusive, and Section 49422, or by school nurses employed by the district or the county superintendent of schools, or pursuant to contract with an agency authorized to perform these services by the county superintendent of schools of the county in which the district is located pursuant to Sections 1750 to 1754, inclusive, and Section 49402 of this code, Section 101425 of the Health and Safety Code, and guidelines established by the State Board of Education. The screening shall be given only by individuals who supervise, or who are eligible to supervise, the screening, or licensed chiropractors, or by certificated employees of the district or of the county superintendent of schools who have received in-service training, pursuant to rules and regulations adopted by the State Board of Education, to qualify them to perform these screenings. It is the intent of the Legislature that these screenings be performed, at no additional cost to the state, the school district, or the parent or guardian, during the regular school day and that any staff time devoted to these activities be redirected from other ongoing activities not related to the pupil's health care.

In-service training may be conducted by orthopedic surgeons, physicians, registered nurses, physical therapists, and chiropractors, who have received specialized training in scoliosis detection.

Pupils suspected of having scoliosis during the initial screening shall be rescreened by an orthopedic surgeon when there will be no cost to the state, the school district, or the parent or guardian.

No person screening pupils for scoliosis pursuant to this section shall solicit, encourage, or advise treatment or consultation by that person, or any entity in which that person has a financial interest, for scoliosis or any other condition discovered in the course of the screening.

The governing board of any school district shall provide for the notification of the parent or guardian of any pupil suspected of having scoliosis. The notification shall include an explanation of scoliosis, the significance of treating it at an early age, and the public services available, after diagnosis, for treatment. Referral of the pupil and the pupil's parent or guardian to appropriate community resources shall be made pursuant to Sections 49426 and 49456.

No action of any kind in any court of competent jurisdiction shall lie against any individual, authorized by this section to supervise or give a screening, by virtue of this section.

In enacting amendments to this section, it is the intent of the Legislature that no participating healing arts licentiate use the screening program for the generation of referrals or for his or her financial benefit. The Legislature does not intend to deny or limit the freedom of choice in the selection of an appropriate health care provider for treatment or consultation.

Report to Parent or Guardian

49456.

(a) When a defect other than a visual defect has been noted by the supervisor of health or his assistant, a report shall be made to the parent or guardian of the child, asking the parent or guardian to take such action as will cure or correct the defect. Such report, if made in writing, shall not include any recommendation suggesting or directing the pupil to a designated individual for the purpose of curing or correcting any defect referred to in the report.

(b) When a visual defect has been noted by the supervisor of health or his assistant, a report shall be made to the parent or guardian of the child, asking the parent or guardian to take such action as will correct the defect. Such report, if made in writing, must be made on a form prescribed or approved by the Superintendent of Public Instruction and shall not include therein any recommendation suggesting or directing the pupil to a designated individual or class of practitioner for the purpose of correcting any defect referred to in the report.

(c) The provisions of this section do not prevent a supervisor of health from recommending in a written report that the child be taken to a public clinic or diagnostic and treatment center operated by a public hospital or by the state, county, or city department of public health.

Report to Governing Board

49457. The supervisor of health shall make such reports from time to time as he deems best to the governing board of the school district, or as the board may call for, showing the number of defective children in the schools of the district and the effort made to correct the defects.

Appendix C
Claim Forms and Supporting Information for Reimbursement of Costs

State Controller's Office School Mandated Cost Manual

Chapter 1347/80, Revised 10/98

SCOLIOSIS SCREENING

1. Summary of Chapter 1347/80

Education Code § 49452.5, as added by Chapter 1347, Statutes of 1980, requires all school districts in California to examine all seventh grade girls and eighth grade boys for the physical condition known as scoliosis, unless the parent or guardian refuses to consent to such a screening. If the student is suspected of having scoliosis, the parent or guardian must be notified. The student and parent or guardian are referred to appropriate community resources for information on available treatment.

On July 2, 1980, the Commission on State Mandates determined that Chapter 1347, Statutes of 1980, resulted in state mandated costs which are reimbursable pursuant to Part 7 (commencing with Government Code § 17500) of Division 4 of Title 2.

2. Eligible Claimants

Any school district (K-12) or county office of education that incurs increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

3. Appropriations

These claiming instructions are issued following the adoption of the program's parameters and guidelines by the Commission on State Mandates. To determine if this program is funded in subsequent fiscal years, refer to the schedule "Appropriation for State Mandated Cost Programs" in the *"Annual Claiming Instructions for State Mandated Costs"* issued in September of each year to county superintendents of schools and superintendents of schools.

4. Type of Claims

A. Reimbursement and Estimated Claims

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

B. Minimum Claim

Government Code § 17564(a), provides that no claim shall be filed pursuant to Government Code § 17561 unless such a claim exceeds $200 per program per fiscal year. However, any county superintendent of schools, as fiscal agent for the school district, may submit a combined claim in excess of $200 on behalf of one or more districts within the

county even if the individual district's claim does not exceed $200. A combined claim must show the individual costs for each district. Once a combined claim is filed, all subsequent years relating to the same mandate must be filed in a combined form. The county receives the reimbursement payment and is responsible for disbursing funds to each participating district. A district may withdraw from the combined claim form by providing a written notice to the county superintendent of schools and the State Controller's Office of its intent to file a separate claim at least 180 days prior to the deadline for filing the claim.

5. Filing Deadline

A. Initial Claims or Amended Claims

Initial or amended claims must be filed within 120 days from the issuance of the claiming instructions. Accordingly:

Reimbursement claims detailing the actual costs incurred for the 1997-98 fiscal year must be filed with the State Controller's Office and postmarked by February 12, 1999. If the reimbursement claim is filed after the deadline of February 12, 1999, the approved claim must be reduced by a late penalty of 10%, not to exceed $1,000. Claims filed more than one year after the deadline will not be accepted.

Estimated claims for costs to be incurred during the 1998-99 fiscal year must be filed with the State Controller's Office and postmarked by February 12, 1999. Timely filed estimated claims are paid before late claims. If a payment is received for the estimated claim, a 1998-99 reimbursement claim must be filed by January 15, 2000.

B. Annually Thereafter

Refer to the item, "Reimbursable State Mandated Cost Programs", contained in the annual cover letter for mandated cost programs issued annually in September, which identifies the fiscal years for which claims may be filed. If an "x" is shown for the program listed under "19__/__ Reimbursement Claim", and/or "19__/_ Estimated Claim", claims may be filed as follows:

(1) An estimated claim must be filed with the State Controller's Office and postmarked by January 15 of the fiscal year in which costs are to be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by January 15 of the following fiscal year. If the district fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the agency may file a reimbursement claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims, refer to the "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.

(2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by January 15 following the fiscal year in which costs were incurred. If the claim is filed after the deadline but by January 15 of the succeeding fiscal year, the approved claim must be reduced by a late

penalty of 10%, not to exceed $1,000. Claims filed more than one year after the deadline will not be accepted.

6. Reimbursable Methods

A school district or county office of education may choose one of two reimbursement methods: The unit cost rate method established by the Commission On State Mandates, or the reimbursement of actual costs.

A. Unit Cost Method

In lieu of actual costs, an all inclusive cost rate of $5.46 (for 1997/98 f.y.) may be used to claim the cost of each student screened. This unit rate covers all costs, direct and indirect, incurred in compliance with Chapter 1347, Statutes of 1980, for activities included but not limited to, parent notification, screening, rescreening, referral and follow up, record keeping and administration of the program. This unit cost will be adjusted annually using the Annual Implicit Price Deflator, as provided by Government Code § 17523. Refer to form SS-1 showing the current unit cost rate that should be used for the fiscal year of costs.

B. Actual Cost Method

Actual costs of administering the scoliosis screening of students in compliance with Chapter 1347, Statutes of 1980, may be claimed. The following are reimbursable components related to the screening of students:

(1) Parental Notification

Parents or guardian of students are notified of the school's intent to screen students for the condition known as scoliosis.

(2) Examination of Students

Examination of female students in grade seven and male students in grade eight for the condition known as scoliosis. Activities include the examination of the student and recording the screening results onto data forms.

(3) Rescreening and Referrals

(a) Rescreening: Students suspected of having scoliosis at the original screening are rescreened at a separate session by someone other than the original screener.

Activities include the examination of the student and recording the screening results onto data forms.

(b) Referrals: Notifying parents or guardian of students who are suspected of having scoliosis, for an immediate counseling and referral of students to medical care.

(c) Referral Follow Up: Follow up on student referrals to verify that medical care was sought.

(4) Administration of the Program

(a) Planning and Implementation: planning, implementation and administering the scoliosis program.

(b) Training: Provide training to scoliosis screeners.

(c) Recordkeeping: Recording of screening results in students health records.

7. Reimbursement Limitations

Showing of scoliosis films to students is considered part of their educational experience. Therefore, related costs are not reimbursable.

Any offsetting savings or reimbursement the claimant received from any source including but not limited to, service fees collected, federal funds, and other state funds as a result of this mandate, shall be identified and deducted so only net local costs are claimed.

8. Claiming Forms and Instructions

A. Form SS-2, Component/Activity Cost Detail

This form shall be completed if the Actual Costs Method, Item 6.B. is utilized to claim costs incurred. Details of direct costs are to be segregated and reported under claim components of: Parental notifications, examination of students, rescreening and referrals, and administration of the program. A separate form SS-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

(1) Salaries and Benefits

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the mandated functions performed and specify the actual time devoted to each function by each employee, productive hourly rate, and related fringe benefits.

Reimbursement of personal services include compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer's contribution of social security, pension plans, insurance, and worker's compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities, which the employee performs.

Source documents may include, but are not limited to, time logs evidencing actual costs claimed under Reimbursable Activities, time sheets, payroll records, canceled payroll warrants, organization charts, duty statements, pay rate schedules, and other documents evidencing the expenditure.

(2) Supplies

Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

Source documents may include, but are not limited to, general and subsidiary ledgers, invoices, purchase orders, receipts, canceled warrants, inventory records, and other documents evidencing the expenditure.

(3) Contract Services

Provide the name(s) of the contractor(s) who performed the services, including any fixed contracts for services. Describe the reimbursable activity(ies) performed by each named contractor and give the number of actual hours spent on the activities, if applicable. Show the inclusive dates when services were rendered and itemize all costs for those services. Attach consultant invoices with the claim.

Source documents may include, but are not limited to, general and subsidiary ledgers, contracts, invoices, canceled warrants, and other documents evidencing the validity of the expenditure.

For audit purposes, all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents

shall be made available to the State Controller's Office on request.

B. Form SS-1, Claim Summary

This form is used either to compute reimbursement using the Unit Cost Method or to summarize direct costs by claim component and compute allowable indirect costs using the Actual Cost Method. If the Unit Cost Method is used, documentation should be retained for the number of students screened. If the Actual Cost Method is used, the direct cost summarized on this form are derived from form SS-2. The total costs on this form are carried forward to form FAM-27. Claim statistics shall identify the work performed for costs claimed. The claimant must give: (1) The number of students screened, (2) the number of students rescreened, (3) the number of students referred to medical care.

School districts and local offices of education may compute the amount of indirect costs utilizing the State Department of Education's Annual Program Cost Data Report J-380 or J- 580 rate, as applicable. The cost data on this form are carried forward to form FAM-27.

C. Form FAM-27, Claim for Payment

Form Fam-27 contains a certification that must be signed by an authorized representative of the district. All applicable information from form SS-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

D. Cost Accounting Statistics

Claimants must send a copy of form SS-1 for each of the initial years' reimbursement claims by mail or facsimile to the Commission on State Mandates, 1300 I Street, Suite 950, Sacramento, CA 95814, Facsimile: (916) 445-0278. Providing this information is not a condition of payment; however, claimants are encouraged to provide this information to enable the Commission to develop a statewide cost estimate and recommend an appropriation to the Legislature.

E. Direct Costs

Direct costs are defined as costs that can be traced specifically to goods, services, units, programs, activities, or functions.

F. Indirect Costs

Indirect costs are defined as costs that are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through a cost allocation plan.

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
SCOLIOSIS SCREENING

For State Controller Use Only	Program
(19) Program Number 00058	058
(20) Date Filed ____/____/____	
(21) LRS Input ____/____/____	

LABEL HERE

(01) Claimant Identification Number

(02) Claimant Name

County of Location

Street Address or P.O. Box | Suite

City | State | Zip Code

Reimbursement Claim Data	
(22) SS-1, (03)(a)	
(23) SS-1, (03)(b)	
(24) SS-1, (03)(c)	
(25) SS-1, (04)	
(26) SS-1, (05)(1)(d)	
(27) SS-1, (05)(2)(d)	
(28) SS-1, (05)(3)(d)	
(29) SS-1, (07)	
(30) SS-1, (08)	
(31) SS-1, (10)	
(32) SS-1, (11)	
(33)	
(34)	
(35)	
(36)	

Type of Claim	Estimated Claim	Reimbursement Claim
	(03) Estimated ☐	(09) Reimbursement ☐
	(04) Combined ☐	(10) Combined ☐
	(05) Amended ☐	(11) Amended ☐
Fiscal Year of Cost	(06) **20___/20___**	(12) **20___/20___**
Total Claimed Amount	(07)	(13)
Less: **10% Late Penalty, not to exceed $1,000**		(14)
Less: **Prior Claim Payment Received**		(15)
Net Claimed Amount		(16)
Due from State	(08)	(17)
Due to State		(18)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the school district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer | Date

Type or Print Name | Title

(38) Name of Contact Person for Claim

Telephone Number ( ) - Ext.

E-Mail Address

Program 058	SCOLIOSIS SCREENING Certification Claim Form Instructions	FORM FAM-27

(01) Enter the payee number assigned by the State Controller's Office.

(02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.

(03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.

(04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.

(05) If filing an amended estimated claim, enter an "X" in the box on line (05) Amended.

(06) Enter the fiscal year in which costs are to be incurred.

(07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form SS-1 and enter the amount from line (12).

(08) Enter the same amount as shown on line (07).

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim from form SS-1, line (12). The total claimed amount must exceed $1,000.

(14) Reimbursement claims must be filed by January 15 of the following fiscal year in which costs were incurred or the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), not to exceed $1,000.

(15) If filing a reimbursement claim or a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.

(16) Enter the result of subtracting line (14) and line (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., SS-1, (03)(a), means the information is located on form SS-1, block (03), line (a). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process**.

(37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**

(38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

Program 058	MANDATED COSTS SCOLIOSIS SCREENING CLAIM SUMMARY	FORM 1

(01) Claimant	(02) Type of Claim Reimbursement ☐ Estimated ☐	Fiscal Year 20___/20___

Claim Statistics	
(03) (a) Number of students screened	
(b) Number of students rescreened	
(c) Number of students referred to medical care	
Unit Cost Method	
(04) Total Costs [Line (03)(a) x $7.37 per student for 2005-06 F.Y.]	

Actual Cost Method

Direct Costs	**Object Accounts**			
(05) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contract Services	(d) Total
1. Parental Notification				
2. Examination of Students				
3. Rescreening and Referral				
(06) Total Direct Costs				

Indirect Costs	
(07) Indirect Cost Rate [From J-380 or J-580]	%
(08) Total Indirect Costs [Line (06)(a) x line (07)]	
(09) Total Direct and Indirect Costs [Line (06)(d) + line (08)]	
Cost Reduction	
(10) Less: Offsetting Savings	
(11) Less: Other Reimbursements	
(12) Total Claimed Amount [Line (04) or line (09) – {line (10) + line (11)}]	

Program 058	SCOLIOSIS SCREENING CLAIM SUMMARY Instructions	FORM 1

(01) Enter the name of the claimant.

(02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.

From 1 must be filed for a reimbursement claim. Do not complete form 1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.

(03) (a) Number of students screened. Enter the number of students, seventh grade females and eighth grade males.

(b) Number of students rescreened. Enter the number of students who are questionable after the first screening and are screened again at a later date by someone other than the original screener. Only claimants who select the Actual Cost Method of reimbursement must provide data on the number of students rescreened.

(c) Number of students referred to medical care. Enter the number of students who have positive indication of scoliosis and are referred to medical care. Only the claimants who select the Actual Cost Method of reimbursement must provide data on the number of students referred to medical care.

(04) Total Costs. If you are using the Unit Cost Method, multiply line (03)(a) by the rate of the reimbursable unit cost per student for the 2005-06 fiscal year. Do not complete line (05) through (09). Proceed directly to line (10) and complete through line (12).

(05) Reimbursable Components. If you are using the Actual Cost Method, enter the cost related to each reimbursable component from form 2, line (05), columns (d), (e), and (f). Total each row.

Do not complete line (04) if you are using the Actual Cost Method of reimbursement.

(06) Total Direct Costs. Total block (05), columns (a), (b), (c), and (d).

(07) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable, for the fiscal year of claim.

(08) Indirect Costs. Enter the result of multiplying Total Direct Costs, line (06)(a), by the Indirect Cost Rate, line (07).

(09) Total Costs. Enter the sum of line (06)(d) and line (08).

(10) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.

(11) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds, etc.), which reimbursed any portion of the mandated cost program. Submit a detailed schedule of the reimbursement sources and amounts.

(12) Total Claimed Amount. If the Unit Cost Method is used, subtract the sum of Offsetting Savings, line (10), and Other Reimbursements, line (11), from Total Costs, line (04). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 058	MANDATED COSTS SCOLIOSIS SCREENING COMPONENT/ACTIVITY COST DETAIL	FORM SS-2

(01) Claimant

(02) Fiscal Year Costs Were Incurred

(03) Reimbursable Component: Check only **one** box per form to identify the component being claimed.

☐ Parental Notification ☐ Rescreening and Referral

☐ Examination of Students ☐ Administration of Program

(04) Description of Expenses: Complete columns (a) through (f).

(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	Object Accounts (d) Salaries and Benefits	(e) Materials and supplies	(f) Contract Services
(05) Total ☐ Subtotal ☐ Page:____of____					

Program 058	SCOLIOSIS SCREENING COMPONENT/ACTIVITY COST DETAIL Instructions	FORM SS-2

(01) Enter the name of the claimant.

(02) Enter the fiscal year in which costs were incurred.

(03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form SS-2 shall be prepared for each component which applies.

(04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services and travel expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time of the Controller to initiate an audit shall be three years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Subobject Accounts	Columns						Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	
Salaries	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked			
Benefits	Title Activities	Benefit Rate		Benefits = Benefit Rate x Salaries			
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used		
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost = Hourly Rate x Hours Worked Or Total Contract	Copy of Contract and Invoices

(05) Total line (04), columns (d), (e), and (f) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed for the component/activity, number each page. Enter totals from line (05), columns (d), (e), and (f) to form CTR-1, block (04), columns (a), (b), and (c).

Appendix D
Glossary and Definitions

Flexion. The act of bending, or condition of being bent, in contrast to extending.

Hyperextension. An extreme of abnormal extension.

Idiopathic Scoliosis. A structural lateral curvature of an unknown cause.

Illiac Crest. The large, prominent portion of the pelvic bone at the belt line of the body.

Kyphosis. An exaggeration or angulation of the normal posterior curve of the spine. Also refers to the excessive curvature of the spine with convexity backward.

Lordosis. An abnormal anterior convexity of the spine.

Lumbar. The lower part of the spine between the thoracic region and the sacrum. The lumbar spine consists of five vertebrae. The five movable spinal segments of the lower back and largest of the spinal segments.

Scapula. A large triangular flattened bone lying over the ribs, posteriorly on either side.

Scoliometer. A scoliometer measures distortions of the torso. The patient bends over, with arms dangling and palms pressed together, until a curve can be observed in the thoracic area (the upper back). The scoliometer is placed on the back and used to measure the apex (the highest point) of the curve. The patient continues bending until the curve in the lower back can be seen; the apex of this curve is then measured.

Scoliosis. A lateral curvature of the spine.

Spine. The flexible bone column extending from the base of the skull to the tailbone. It is made up of 33 bones, known as vertebrae. The first 24 vertebrae are separated by discs known as intervertebral discs and bound together by ligaments and muscles. Five vertebrae are fused together to form the sacrum and four vertebrae are fused together to form the coccyx. The spine is also referred to as the vertebral column, spinal column, or backbone.

Thoracic. The chest-level region of the spine that is located between the cervical and lumbar vertebrae. It consists of 12 vertebrae that serve as attachment points for ribs.

Appendix E
Contract Agencies

In regard to contract agencies, it is recommended that:

Standards and requirements for public, private, profit or nonprofit agencies, organizations, individuals or corporations, hereafter referred to as contractors, that seek to enter into a contract with the schools of California for the purpose of providing scoliosis screening services pursuant to California *Education Code (EC)* Section 49452.5 be as follows:

(a) Qualifications of Personnel.

(1) The Director. The director of an agency providing scoliosis screening services through contracts with the schools of California be a "qualified" physician, credentialed school nurse, public health nurse, or physical therapist. The director have received special training in scoliosis screening according to the requirements of *Education Code* Section 49452.5.

(2) Scoliosis Screening Personnel (Contractors). Scoliosis screening services provided by contract agencies all be given by "qualified" licensed physicians, credentialed school nurses, public health nurses, physical therapists, or "qualified" personnel. All screening personnel have received in service training according to the recommendations in the California Department of Education (CDE) document *Standards for Scoliosis Screening for California Public Schools* (2007).

(b) Scoliosis Screening Services (Contractors).

(1) All scoliosis screening services be conducted in compliance with current scoliosis screening recommendations as found in the CDE's *Standards for Scoliosis Screening for California Public Schools* (2007).

(2) A school district that enters into a contract for scoliosis screening services ensure that all screening and related scoliosis screening services are conducted under the supervision of a supervisor of health as defined in *EC* sections 44871–44878, who is employed either by the district or by the office of the county superintendent of schools.

(3) The contractor submit a report of the results of scoliosis screening for each individual screened to the contracting district within ten (10) school days following completion of the screening. The report also include the total number screened and the total number who failed at the screening.

(c) Registration of Contractors (Agencies) Providing Scoliosis Screening Services.

(1) Contracting agencies that intend to provide scoliosis screening in the schools of California pursuant to *EC* sections 1750–1754, 49402, and 49452.5 for the current school year be authorized annually with the office of the county superintendent of schools of the county in which the districts to be served are located. The authorization include the name, address, and qualifications of the director and the names and qualifications of all scoliosis screening personnel.

(2) The office of the county superintendent of schools require that personnel of contract agencies requesting authorization have valid credentials and evidence of appropriate training as defined in the guidelines on file in the county office before the provision of services.

(3) The office of the county superintendent of schools maintain a current list of all authorized contract agencies for the use of school districts.

(4) The office of the county superintendent of schools determine that all scoliosis screening services are provided in compliance with current scoliosis screening standards as described in the CDE's *Standards for Scoliosis Screening for California Public Schools* (2007).

(5) Validation of contracts and the approval of payment for services be subject to authorization of the contractor by the office of the county superintendent of schools before the provision of services.

Contracts

In regard to contractual agreements for scoliosis screening, it is recommended that:

Contractual arrangements specify responsibilities of both parties agreeing to the contract. The contract include, but not be limited to, the following:

(a) Names and qualifications of supervisory personnel from the county or district

(b) Names and qualifications of supervisory personnel employed by the contractor

(c) Names and qualifications of scoliosis screening personnel

(d) Description of procedures to be followed

(e) Content of required reports

(f) Manner of submission of required reports

(g) Dates that services are to be provided

(h) Costs and fee arrangements

(i) Assurance that the agency has current authorization from the county superintendent of schools