PRINCE WILLIAM COUNTY PUBLIC SCHOOLS
Student Health Services

Scoliosis Recommendation Form

Important Information

In accordance with Prince William County Public Schools (PWCS) Regulation 756-1, educational information regarding scoliosis is provided to parents/guardians of students in grades 5-10. PWCS does not conduct scoliosis screenings. The Commonwealth of Virginia requires schools to provide scoliosis information to parents/guardians for educational purposes.

Recommendation to Parent/Guardian

After reviewing the scoliosis educational materials available on the PWCS Student Health Services website, if you have any concerns regarding your child's posture, spinal alignment, or possible signs of scoliosis, please consult your healthcare provider for further evaluation.

You may choose to take this form with you to your appointment and ask your healthcare provider to complete the section below. Sharing the completed form with the school nurse is voluntary and may assist the school in supporting your child's health needs while at school.

Common signs that may warrant further evaluation by a healthcare provider include:

- ☐ Uneven shoulders
- ☐ One shoulder blade is more prominent than the other
- ☐ Uneven waistline
- ☐ One hip appearing higher than the other
- ☐ Leaning to one side
- ☐ Rib prominence when bending forward
- ☐ Back appears curved or asymmetrical
- ☐ Family history of scoliosis
- ☐ Other concerns: _____

These observations do not diagnose scoliosis. Only a qualified healthcare provider can determine whether further evaluation, monitoring, or treatment is needed.

Student Information

Student Name: _____ **Grade:** _____

School: _____ **Date of Birth:** _____

Parent/Guardian Information

Parent/Guardian Name: _____

Phone Number: _____

Healthcare Provider Section

Evaluation Date: _____

Assessment

- ☐ No evidence of scoliosis noted
- ☐ Scoliosis suspected
- ☐ Continue routine monitoring
- ☐ Scoliosis diagnosed
- ☐ Are school health services or accommodations recommended?
  - ○ No
  - ○ Yes

If yes, please specify: _____

_____

Diagnosis (if applicable):

_____

Recommendations

- ☐ No school health-related accommodation is recommended at this time
- ☐ Follow-up evaluation recommended
- ☐ Referral to specialist
- ☐ Other: _____

Additional Comments

_____

_____

_____

Healthcare Provider Name: _____
Healthcare Provider Signature: _____ **Date:** _____
Practice Name: _____
Practice Address: _____
Phone Number: _____

Parent/Guardian Authorization for Release of Information (Optional)
I authorize the healthcare provider listed above to share the information documented on this form with Prince William County Public Schools for educational and student health record purposes.

Parent/Guardian Signature: _____ **Date:** _____

If you choose to share healthcare provider findings with the school, please return the completed form to your student's school nurse. Submission of this form is voluntary.

Disclaimer

This form is intended to facilitate communication between parents/guardians, healthcare providers, and Prince William County Public Schools. It is not a diagnostic tool and should not be used in place of medical evaluation, diagnosis, or treatment by a qualified healthcare provider.