

SAMPLE

Postural & Gait Screening Letter reporting Phase I Findings

DATE: _____

Dear Parent/Guardian:

A recent postural/gait screening test at school indicates that _____ may have a postural or gait irregularity which could affect his/her during these growing years.

The physical therapist will be at this school on _____ to perform Phase II of the postural/gait screening. He/she will examine your child to determine if a referral to the doctor is needed. Please make every attempt to have your child at school on time this day. If there is a family history of a postural or gait irregularity, for example scoliosis, please let me know so that I can share it with the physical therapist.

After this exam, you will be notified if the physical therapist feels that your child needs to have an additional exam by his/her doctor.

Please call the school nurse with any questions.

School Nurse

Phone