Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy and, ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California's children.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:		Last Name:	١	<i>l</i> liddle Initia	I: Child	Child's Birth Date:	
					MM	– DD – YYYY	
Address:			•			Apt.:	
City:			Z	ZIP Code:			
School Name:		Teacher:		Grade: Year child start kindergarten:			
				'\	iiidoiga		
					YYYY		
Parent/Guardian First Name:		Parent/Guardian Last Name:			Child's G	Sender:	
					☐ Male	☐ Female	
Child's Race/Ethnicity:		White		Native American			
		Black/African American		Multi-racial			
		Hispanic/Latino		Native Hawaiian/Pacific Islander Unknown			
		Asian					
		Other (please specify)					

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Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Untreated Decay (Visible Decay Present)		*Caries Experience (Visible decay and/or fillings present)				
MM - DD - YYYY	□Yes □No		☐Yes ☐No				
Treatment Urgency:							
problem found (cari	nded or child would evaluation)	☐ Urgent care needed (pain, infection, swelling or soft tissue lesions)					
			MM – DD – YYYY				
Licensed Dental Profe	essional Signature CA	A License Numb	er Date				
*Check "Yes" for Caries experience if there is presence of untreated decay <u>or</u> fillings Check "No" for Caries experience if there is no untreated decay <u>and</u> no fillings Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)							
Parent notified that child has urgent dental care need on: $MM - DD - YYYY$							
A follow-up appointment for this child has been scheduled for: $MM - DD - YYYYY$							
Did child receive needed	No (If no, entity responsible for follow-up will be						
		encouraged to check back in with parent) I don't know					

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than* May 31st of your child's first school year.

Original to be kept in child's school record.