

Dear Parent/Guardian:

July 1, 2024

Thank you for your interest in the Dansville Central School District (the "District"). In order to standardize the registration process, we ask that you provide the following information along with the attached registration paperwork.

**PROOF OF RESIDENCY:**

Please submit evidence establishing you and your child's physical presence in the school district. Such evidence may include:

- 1) A copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement;
- 2) A statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the District, which may be either sworn or unsworn; or
- 3) Such other statement by a third party establishing the parent(s)' or person(s) in parental relation's physical presence in the district.

If the documentation listed above is not available, the District will consider other forms of documentation, which may include, but will not be limited to:

- pay stub;
- income tax form;
- utility or other bills;
- membership documents (e.g., library cards) based upon residency;
- voter registration document(s);
- official driver's license, learner's permit or non-driver identification;
- State or other government issued identification;
- documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
- evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

The District may also require the parent(s) and/or person(s) in parental relation to the child to provide an affidavit either:

- 1) indicating that they are the parent(s) with whom the child lawfully resides; or
- 2) indicating that they are the person(s) in parental relation to the child, over whom they have total and permanent custody and control, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise.

The District will also accept other proof, such as documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency.

### **PROOF OF AGE:**

The District will require documentation and/or information establishing your child's age. Please supply a certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth. Where such documentation is not available, a passport (including a foreign passport) may be used.

Where birth certificate or passport is not available, the District may consider certain other evidence, which has been in existence two years or more. Other evidence may include, but will not be limited to the following:

- official driver's license;
- state or other government issued identification;
- school photo identification with date of birth;
- consulate identification card;
- hospital or health records;
- military dependent identification card;
- documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement);
- court orders or other court-issued documents;
- Native American tribal document; or
- records from non-profit international aid agencies and voluntary agencies.

### **EVIDENCE OF IMMUNIZATIONS & PHYSICAL:**

In accordance with New York State's Public Health Law, the District must also receive evidence that your child has been immunized in accordance with the New York State Department of Health Immunization Bureau's Immunization Requirements for School Entrance/Attendance. **Enrollment will not be complete and a student may not begin attending school until appropriate proof of required immunizations is received.** Students must be fully vaccinated in accordance with NYS law, or be considered "in process" in order to begin attending school, and to remain in attendance during the school year.

- In process is defined as *"The student has received at least the first dose in each immunization series required by Public Health Law §2164 (except in the case of live vaccines in which a student should wait 28 days after one live vaccine administration before receiving another live vaccine, if the vaccines were not given on the same day) and have age-appropriate appointments that are met within 14 days of when the subsequent dose is due, confirmed with healthcare provider written documentation to complete the immunization series, according to the catch up schedule of the Advisory Committee on Immunization Practices (ACIP) Catch-up Immunization Schedule."* CDC.



Additionally, New York State Law requires health examinations for students entering the school district for the first time, and for those students entering grades Pre-K or K, 1, 3, 5, 7, 9, and 11. **You are responsible for providing an up to date physical or "health certificate" (completed no more than 12 months prior to the 1st day of this school year) within 30 days of enrollment.** You may be able to get this from your child's previous school. If proof of a current physical examination is not received within 30 days of enrollment, the District's medical director may conduct a health examination of your child at school, in accordance with NYS law. If you're in need of assistance in getting your child a physical or proper vaccinations, please contact our school caseworker at 585-335-4040 x2111. If you have any questions with respect to the foregoing, please contact our district's registrar at (585) 335-4040 x2003.

Very truly yours,

Kelly M. Zimmerman  
Superintendent of Schools





## Registration Checklist

- ☐ Registration packet:
  - Residency Questionnaire
  - Proof of Residency
  - Student information form
  - Authorization to Release Records (*for transferring students*)
  - 3PK-12 Health Update
  - Home Language Questionnaire

☐ 7-12 Registration packet (*if applicable*)

☐ Free and Reduced lunch application

☐ Electronic Transportation form 3PK-12

<https://www.dansvillecsd.org/departments/transportation/annual-transportation-form>



- ☐ Proof of Age (original birth certificate)
- ☐ Immunization Record/Health Examination/Physical Form
- ☐ Court Orders/Guardianship paperwork (*if applicable*)
- ☐ 3PK, PK or KF Questionnaire (*if applicable*)

Please contact our district's registrar at 585-335-4040 x2003 with any questions, or stop in to the registrar's office at the Dansville Primary School (for registration of ALL grade levels).

Update 7/2024

Kelly M. Zimmerman  
Superintendent of Schools

Dansville Central Schools  
337 Main St.  
Dansville, NY 14437  
585-335-4000

Thomas Frazier  
Deputy Superintendent



## HOUSING QUESTIONNAIRE

Name of LEA: Dansville Central School

Name of School: Dansville Central School

Name of Student: \_\_\_\_\_

Last

First

Middle

Gender: ☐ Male      Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Grade: \_\_\_\_      ID#: \_\_\_\_  
              ☐ Female                          month   day   year      (Preschool – 12)      (optional)

☐ Non-binary

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

**Where is the student currently living?** *(Please check **one** box.)*

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): \_\_\_\_\_
- ☐ In permanent housing

**Print name** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

**Signature** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

Date \_\_\_\_\_

**NOTE TO SCHOOLS/LEAS:** If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.





**DANVILLE CENTRAL SCHOOL**

<i>For office use only.</i>
Entry Date: _____
Student ID#: _____

<b>Ellis B Hyde Elementary</b>	<b>High School</b>	<b>Primary School</b>
280 Main Street Dansville, NY 14437	282 Main Street Dansville, NY 14437	284 Main Street Dansville, NY 14437
(585) 335-4030 (585) 335-4056 fax	(585) 335-4010 (585) 335-4080 fax	(585) 335-4040 (585) 335-8181 fax

<i>For office use only.</i>
Grade: _____
Teacher: _____

**Student Information**

Last Name: _____		First: _____	Middle: _____
Address: _____			Male / Female / Nonbinary
			Phone #: _____
Date of Birth: _____	Age: _____	Race: _____	

**Parent/Guardian Information**

<b>FATHER</b>		Natural _____	Step _____	<b>MOTHER</b>		Natural _____	Step _____
Last Name: _____		First/MI: _____		Last Name: _____		First/MI: _____	
				Maiden Name (if different)			
Address: _____				Address: _____			
County: _____				County: _____			
email: _____				email: _____			
Phone #: _____		Cell #: _____		Phone #: _____		Cell #: _____	
Employer: _____		Phone #: _____		Employer: _____		Phone #: _____	
Living in home? Y / N		Receive mailings? Y / N		Living in home? Y / N		Receive mailings? Y / N	
Legal custody? Y / N		Ok to pick up? Y / N		Legal custody? Y / N		Ok to pick up? Y / N	

**Emergency Contact Information**

<b>FIRST CONTACT AFTER PARENT</b>	Name: _____		Relationship to student: _____	
	Address: _____		Ok to pick up? Y / N	
	Phone #: _____		Cell #: _____	
<b>SECOND CONTACT AFTER PARENT</b>	Name: _____		Relationship to student: _____	
	Address: _____		Ok to pick up? Y / N	
	Phone #: _____		Cell #: _____	
<b>DAYCARE PROVIDER</b>	Name: _____			
	Address: _____		Ok to pick up? Y / N	
	Phone #: _____		Cell #: _____	

**Siblings** (list only school age or younger)

Last Name	First Name	Date of Birth	Gender
			Male / Female
			Male / Female
			Male / Female

+ + + + +

**Emergency Authorization**

+ + + + +

If a parent cannot be reached in an emergency, I authorize the Dansville Central School District to notify the appropriate healthcare professionals listed below:	
Physician: _____	Phone #: _____

DANSVILLE CENTRAL SCHOOL

Dentist:	Phone #:
Hospital:	Phone #:

**Dansville Central Schools  
Health History**

Name:	Date of Birth:	Sex:
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Please indicate the date your child experienced any of the following:

ADD/ADHD		Ear Conditions		Scarlet Fever	
Anemia		Heart Disease		Seizure Disorder	
Asthma		Hepatitis		Tuberculosis	
Chicken Pox		Nephritis		Whooping Cough	
Diabetes		Pneumonia		Serious Injuries	
Allergies		Rheumatic Fever		Operations	
		Head Injuries		Frequent Sore Throats	

Family Physician:	Address:	Phone:
Child wears glasses:	Date of last exam*:	Eye Dr:
Child has difficulty hearing:	Date of last exam*:	Ear Dr:
Lead Screening:	Date of test*:	Result:

**\*Please attach a copy of the most recent exam.**

**PHYSICAL EXAM REQUIREMENTS: See attached letter outlining requirements**

**HEALTH ASSESSMENTS/SCREENINGS:** Scoliosis screening at least once each school year for girls in 5th & 7th grade and boys in 9th grade. Any abnormal result of any such screening examination of scoliosis shall be in writing to the parent/guardian of that student.

Vision screening for all students who are enrolled including a minimum color perception, distance acuity, near vision, and hyperopia within six (6) months of the admission to the school. In addition, all students shall be screened for distance acuity and near vision in grades Pre-K, Kindergarten, 1st, 3rd, 5th, 7th, and 11th and at any other time deemed necessary. The results of any abnormal such vision screening examinations or concerns shall be in writing to the student's parent/guardian.

Hearing screening for all students within six months of admission to the school and in grades Pre-K, Kindergarten, 1st, 3rd, 5th, 7th, and 11th and at any other time deemed necessary. Such screening shall include, but not be limited to, pure tone and threshold air conduction screening. The results of such hearing tests shall be in writing to the student's parent/guardian.

**IMMUNIZATION REQUIREMENTS: Please see <http://www.health.state.ny.us/publications/2370.pdf> for the NYS**

Please sign to indicate that you have read and understand the above information.

Parent/Guardian Signature: \_\_\_\_\_





DANSVILLE, NY

Name/address of school transferring from: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Does the student have an IEP or 504 plan? \_\_\_\_\_

**INFORMATION REQUESTED**

- \*Custody papers – (if applicable)
- \*Copy of birth certificate
- \*Health/Immunization records
- \*Current report card
- \*Attendance records
- \*Discipline report - (if applicable)
- \*Pre & Post-Assessment tests
- \*Transcript of work completed at your school (grades 7-12)
- \*Science labs (when applicable)
- \*Exit grades for marking period in progress.
  - \*\*Grades 3 through 12 –report cards and exit grades
- \*Testing records (ex: Grade 3 – 8 NYS Assessments – if applicable)
- \*Guidance information (sequences planned, career plan, etc. – if applicable)
- \*Conversion scale for letter to numerical grades (if applicable)
- \*Benchmark measures of reading and math proficiency
- \***CSE information —fax to: (585) 335-5047**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax or mail records to:**

Primary Main Office (3PK-2)  
Attn: Carrie Tubbs  
[Tubbsc@dansvillecsd.org](mailto:Tubbsc@dansvillecsd.org)  
284 Main St  
Dansville, NY 14437  
(585) 335-8181 fax

EBH Main Office (3-6)  
Attn: Kristina Kysor  
[KysorK@dansvillecsd.org](mailto:KysorK@dansvillecsd.org)  
280 Main St  
Dansville, NY 14437  
(585) 335-4056 fax

Dansville High School (7-12)  
Attn: Amy Oldfield  
[OldfieldA@dansvillecsd.org](mailto:OldfieldA@dansvillecsd.org)  
282 Main Street  
Dansville, NY 14437  
(585) 335-4080 fax



# Health Update – Dansville Central School

2024-2025 School Year

Please assist us in bringing your child's school health records up to date to ensure your child's records are accurate in case of a medical emergency. If you have any questions or concerns, please contact:

Erin Smith (Primary nurse)  
335-4040

Melinda Rittenhouse (EBH nurse)  
335-4030

Michelle Osgood (High School nurse)  
335-4010

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child have any medical conditions I need to be aware of? \_\_\_\_\_

Does your child see a specialist or have any special restrictions for this condition? **Yes or No** If yes, explain: \_\_\_\_\_

Medication(s): **Yes or No** If yes, name of medication (s): \_\_\_\_\_

Asthma: **Yes or No** If yes, name of medication(s) they take: \_\_\_\_\_

Diabetic: **Yes or No** If yes, name of medication(s) they take: \_\_\_\_\_

(Please note: **ALL** allergies/sensitivities require documentation from a doctor)

Food Allergies or religious dietary restrictions: **Yes or No** If yes, please list \_\_\_\_\_

Medication Allergies: **Yes or No** If yes, what medication is your child allergic to? *(list below)*

Other Allergies: **Yes or No** If yes, please list \_\_\_\_\_

Does your child have a special diet/medical routine they need to follow? **Yes or No** If yes, explain: \_\_\_\_\_

Does your child have any vision problems? **Yes or No**

Wear glasses or contacts? **Yes or No**

Have an annual eye exam? **Yes or No**

Does your child have any hearing problems? **Yes or No**

Wear hearing aids? **Yes or No**

May I share this information with your child's teacher(s)? **Yes or No**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_







STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234  
Office of P-12

Elisa Alvarez, Associate Commissioner Office of  
Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

## Home Language Questionnaire (HLQ)

**Dear Parent or Person in Parental Relation:**

*In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
		<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to

HOME LANGUAGE CODE

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### Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	_____ specify
	<input type="checkbox"/> Guardian(s)		_____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT  
INFORMATION SYSTEM:

District Name (Number) & School:

Address:



**Educational History**

8. Indicate the total number of years that your child has been enrolled in school \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\*    No    Not sure

☐    ☐    ☐    \*If yes, please explain: \_\_\_\_\_How severe do you think these difficulties are?    ☐ Minor    ☐ Somewhat severe    ☐ Very severe10a. Has your child ever been referred for a special education evaluation in the past?    ☐ No    ☐ Yes\* \*Please complete 10b below10b. \*If referred for an evaluation, has your child ever received any special education services in the past?☐ No    ☐ Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention)    ☐ 3 to 5 years (Special Education)    ☐ 6 years or older (Special Education)10c. Does your child have an Individualized Education Program (IEP)?    ☐ No    ☐ Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or of Person in Parental Relation\_\_\_\_\_  
Month:    Day:    Year:\_\_\_\_\_  
DateRelationship to student:    ☐ Parent    ☐ Other: \_\_\_\_\_**OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

**NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY:    ☐ No    ☐ Yes\*\*DATE OF INDIVIDUAL  
INTERVIEW:\_\_\_\_\_  
MO.    DAY    YR.OUTCOME OF  
INDIVIDUAL  
INTERVIEW:

- ☐
- ADMINISTER NYSITELL
- 
- ☐
- ENGLISH PROFICIENT
- 
- ☐
- REFER TO LANGUAGE PROFICIENCY TEAM

**NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF NYSITELL  
ADMINISTRATION:\_\_\_\_\_  
MO.    DAY    YR.PROFICIENCY LEVEL  
ACHIEVED ON  
NYSITELL:

- ☐
- ENTERING
- ☐
- EMERGING
- ☐
- TRANSITIONING
- ☐
- EXPANDING
- ☐
- COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:





**New York State Center for School Health**  
Supporting Student Success Through Health and Education



NYS  
Required



NYC  
Required



NYS  
Optional



NYC  
Optional

**NYS and NYC Screening & Health Exam Requirements**

	New Entrant	Pre K or K*	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
<b>HEARING SCREENING:</b>														
Pure Tone	X	X	X		X		X		X				X	
<b>SCOLIOSIS SCREENING</b>														
Boys											X			
Girls							X		X					
<b>VISION SCREENING</b>														
Color Perception	X													
	X													
Fusion		X	X											
Near Vision	X	X	X		X		X		X				X	
	X	X	X		X		X							
Distance Acuity	X	X	X		X		X		X				X	
	X	X	X		X		X							
Hyperopia	X													

\*Determine if your Kindergarten or Pre K students are your district's new entrants.

**Health Examination Overview**

	New Entrant	Pre K or K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Health Examination**	X	X	X		X		X		X		X		X	
	X													
Dental Certificate	X	X	X		X		X		X		X		X	

\*\*Health Examinations may be either a Health Appraisal (health exam performed by the School Medical Director) or Health Certificate (health exam performed by the student's primary medical provider). They must be dated no more than 12 months prior to the start of the school year in which they are required, or the date of entrance to the school for new entrants.

This sample resource was created by the New York State Center for School Health and is located at [www.schoolhealthny.com](http://www.schoolhealthny.com) in the Laws|Guidelines|Memos - Effective July 2018

# NYS Dental Health Certificate (Form D-2)

**Parent/Guardian:** New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

## Section 1 ~ To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: ☐ Male ☐ Female

Will this be your child's first visit to a dentist? ☐ Yes ☐ No

School Name:

Grade:

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 2 ~ To be completed by the Dentist

**I. The Dental Health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:**

☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's Name and Address (pls print or stamp)

Dentist's Signature

*Optional Sections - If you agree to release this information to your child's school, please initial here.*

### Oral Health Status (check all that apply).

☐ Yes ☐ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify): \_\_\_\_\_

### III. Treatment Needs (check all that apply)

☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.