

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: (Nombre) | Last Name: (Apellido) | Middle Initial: <small>(Segundo Nombre)</small> | Child's Birth Date: <small>(Fecha de Nacimiento)</small> ____ - ____ - ____ |
| Address: (Dirección) | | | Apt.: (Apto/Espacio) |
| City: (Ciudad) | | ZIP Code: (Código Postal) | |
| School Name: (Escuela) | Teacher: (Maestro) | Grade: <small>(Grado)</small> | Year child starts kindergarten: (Año Escolar) |
| Parent/Guardian First Name: <small>(Nombre del padre)</small> | Parent/Guardian Last Name: <small>(Apellido del padre)</small> | Child's Gender: <small>(Sexo del menor)</small> <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Child's Race/Ethnicity: <small>(Raza)</small> | <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown | | |

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

(Recopilación de datos de sauld bucal: Debe ser completada por un profesional dental autorizado de California)

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

| | | |
|---|--|---|
| Assessment Date: MM – DD – YYYY | Untreated Decay (Visible Decay Present) <input type="checkbox"/> Yes <input type="checkbox"/> No | *Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Treatment Urgency: <input type="radio"/> No obvious problem found <input type="radio"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="radio"/> Urgent care needed (pain, infection, swelling or soft tissue lesions) | | |
| _____ MM – DD – YYYY | | |
| _____ Licensed Dental Professional Signature CA License Number Date | | |

*Check "Yes" for Caries experience if there is presence of untreated decay or fillings
 Check "No" for Caries experience if there is no untreated decay and 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 – YYYY |
| Did child receive needed treatment? <input type="radio"/> Yes <input type="radio"/> No (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="radio"/> 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.