



**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:  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="checkbox"/> <b>No obvious problem found</b> <input type="checkbox"/> <b>Early dental care recommended</b> (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> <b>Urgent care needed</b> (pain, infection, swelling or soft tissue lesions)		
<hr/> <b>Licensed Dental Professional Signature</b>		<hr/> <b>CA License Number</b>
		<hr/> <b>Date</b> MM – DD – YYYY

\*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="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="checkbox"/> <b>I don’t know</b>

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.***