

#### Kindergarten Oral Health Assessment Form

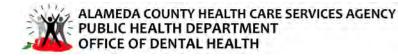
California law (*Education Code* Section 49452.8) says every child enrolled in kindergarten in a public school, and any child enrolled in first grade who did not attend public school the previous year, must have a dental check-up (assessment). It should be turned in at the **beginning of the school year**. A California licensed dental professional must do the check-up and fill out Sections 2 and 3 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Sections 2 and 3. 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:	N	Middle Initial: C		Child	Child's Birth Date:			
						MM	- D[	) — \		Υ
Address:	•	I				Apt.:				
City:				ZIP Code:						
School Name:		Teacher:		Grade:	Year child starts kindergarten:					
							len.			
				Y	Y	Y	Y			
Parent/Guardian First Name:		Parent/Guardian Last Name:	ent/Guardian Last Name:			ild's Gender:				
	]				☐ Male □ Female					
Child's Race/Ethnicity:		White		Native A	tive American					
		Black/African American		Multi-racial						
		Hispanic/Latino		Native Hawaiian/Pacific Islander						
		Asian		Unknown						
		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) □Yes □No			
Treatment Urgency: No obvious problem found (caries without pain or infection; or child would benefit from sealants or further evaluation)			O Urgent care needed (pain, infection, swelling or soft tissue lesions)			
Licensed Dental Profe	essional Signature	CA License Numb	MM – DD – YYYY 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	MM – DD – YYYY				
A follow-up appointment for this child has t	een scheduled for:	MM – DD – YYYY			
Did child receive needed treatment?	Yes				
<b>No</b> (If no, entity		esponsible for follow-up will be to check back in with parent)			
0					

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 by the end of your child's first school year.

#### Original to be kept in child's school record.