



Southeastern California Conference, Office of Education

# Oral Health Assessment Form

Your child is required to have an oral health assessment before entry into kindergarten or first grade, whichever is his or her first year of school. The assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have been done within the 12 months before your child enters school also meet this requirement.

## **SECTION 1** To be completed and returned to the school by the parent or guardian

\_\_\_\_\_  
*First Name*                      *M.I.*                      *Last Name*                      *D.O.B.*

\_\_\_\_\_  
*Street Address*                      *Apt #*                      *City*                      *Zip Code*

*School:* \_\_\_\_\_ *Teacher:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

\_\_\_\_\_  
*Print Parent/Guardian Name*                      *Parent/Guardian Signature*

## **SECTION 2** To be completed by the dental professional conducting assessment

| <b>Oral Health Data Collection</b>        | <b>YES</b>   | <b>NO</b>                |
|---|--|--------------------------|
| 1. Visible Caries and/or filling present: | <input type="checkbox"/>                               | <input type="checkbox"/> |
| 2. Visible Caries present:                | <input type="checkbox"/>                               | <input type="checkbox"/> |
| 3. Treatment Urgency:                     | <input type="checkbox"/> No obvious problem found      |                          |
|   | <input type="checkbox"/> Early dental care recommended |                          |
|   | <input type="checkbox"/> Urgent care needed            |                          |

\_\_\_\_\_  
*Dental Professional's Signature*                      *Date*