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 Prese	ent)	*Caries Experience (Visible decay and/or fillings present)			
W/A - DD - MAY						
Treatment Urgency:						
No obvious problem found (carie bene	Ourgent care needed (pain, infection, swelling or soft tissue lesions)					
			MM-TO-WY			
Licensed Dental Profe	ssional Signature	CA License Numbe	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 care need on:									
A follow-up appointment for this child has been scheduled for:									
Did child receive needed treatment?	Yes No (If no, entity responsible for follow-up will be encouraged to check back in with parent) 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.

County of San Diego Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services For more information, please call (619) 692-8858

Kindergarten 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:		Last Name:	Middle Initia		ial:	: Child's Birth Date:			
						MM	-DD-YYYY		
Address:					Apt.:				
City:				ZIP Code:					
					1	1			
School Name:		Teacher:		Grade:		ar child starts			
					kindergarten:				
Parent/Guardian First Name:		Parent/Guardian Last Name:			Child's Gender:				
						Male [Female		
Child's Race/Ethnicity:		White		Native American					
		Black/African American		Multi-rae	Multi-racial Native Hawaiian/Pacific Islander				
101 5 6 10 6		Hispanic/Latino		Native H					
		Asian		Unknown					
		Other (please specify)							

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