



## KINDERGARTEN ORAL HEALTH ASSESSMENT FORM

The Kindergarten Oral Health Assessment law [*Public Health Code Act 368 Section 333.9316*] was passed to ensure that children entering their first year of school are able to receive an oral health assessment (dental screening) prior to starting school. Good oral health is important to help children stay healthy and ready to learn. This optional assessment will let you know if your child has any dental problems that require attention by a dentist. The assessment must be done by a Registered Dental Hygienist, Dentist, or Dental Therapist.

| <b>STUDENT INFORMATION</b>                 |                          |
|--|--------------------------|
| Child's Name (Last, First, Middle)         | Date of Birth (mm/dd/yy) |
| Address (Number, Street, City, Zip Code)   | Home/Cell Phone Number   |
| Parent/Guardian Name (Last, First, Middle) | Parent/Guardian Email    |
| School Name                                |                          |

| <b>DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS</b> (Licensed dental professional must complete this section)  |   |
|---|---|
| Date of Service   | Type of service<br><input type="checkbox"/> Dental Exam <input type="checkbox"/> Dental Assessment  |
| Findings (check all that apply)<br><input type="checkbox"/> No urgent needs<br><input type="checkbox"/> Treated decay<br><input type="checkbox"/> Untreated decay | Recommendations (check ONE)<br><input type="checkbox"/> Routine care<br><input type="checkbox"/> Referral for urgent needs/restorative care or specialist |
| Screening Provider (check one)<br><input type="checkbox"/> Dentist <input type="checkbox"/> Dental Therapist <input type="checkbox"/> Dental Hygienist            |   |
| Provider Signature  | Agency/Local Health Department  |
| Provider Name (print)   | Phone   |

Additional Comments: \_\_\_\_\_

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