# 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: | Middle Initial: | | | | Child’s Birth Date:  MM – DD – YYYY | | | | | |
| Address: | | | | | | | | | Apt.: | | | |
| City: | | | | | ZIP Code: | | | | | | | |
|  |  | |  |  |  |  |  |
| School Name: | | Teacher: | | Grade: | Year child starts kindergarten: | | | | | | | |
|  | Y | | Y | Y | Y |  | |
| Parent/Guardian First Name: | | Parent/Guardian Last Name: | | | Child’s Gender:   Male  Female | | | | | | | |
| Child’s Race/Ethnicity: |  White  Native 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:  MM – DD – YYYY | Untreated Decay (Visible Decay Present)  Yes No | | \*Caries Experience  (Visible decay and/or fillings present)  Yes No |
| Treatment Urgency:  **No obvious Early dental care recommended Urgent care needed** (pain,  **problem found** (caries without pain or infection; or child would infection, swelling or soft tissue benefit from sealants or further evaluation) lesions) | | | |
|  | | MM – DD – YYYY | |
| ***Licensed Dental Professional Signature CA License Number Date*** | | | |

**\***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? **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 by the end of your child’s first school year.

***Original to be kept in child’s school record.***