

School Report – Oral Health Assessment

School Name: _____ School District: _____
School Year: _____ Name of Person Completing Report: _____
Phone Number: _____ Email Address: _____

Instructions: This form is to be completed by school nurse. Please count the total number of kindergarten and eligible first grade students from your school and fill in the appropriate field. If you have any questions, please call the Child Health and Disability Prevention (CHDP) Health Promotion Program at (619) 542-4178.

1. **Total number of students enrolled in kindergarten** _____
2. **Total number of students enrolled in first grade who were not previously enrolled in public school** _____
3. **Total number of students who have completed an oral health assessment**
This does not include students who submitted an oral health assessment waiver _____
4. **Total number of students who reported caries experience**
'Yes' checked under 'Caries Experience' in Oral Health Assessment form _____
5. **Total number of students who reported visible decay present**
'Yes' checked under 'Visible Decay Present' in Oral Health Assessment form _____
6. **Total number of students who reported early dental care recommended**
'Early dental care recommended' checked under 'Treatment Urgency' in Oral Health Assessment form _____
7. **Total number of students who reported urgent care needed**
'Urgent care needed' checked under 'Treatment Urgency' in student's Oral Health Assessment form _____
8. **Students who submitted an oral health assessment waiver**
 - a. **Total number checked 'I am unable to find dental office that will take my child's dental insurance plan' in waiver section** _____
 - b. **Total number checked 'I cannot afford a dental check-up for my child' in waiver section** _____
 - c. **Total number checked 'I do not want my child to receive a dental check up' in waiver section** _____
 - d. **Total number checked 'Other reasons my child did not get a dental check up' in waiver section** _____
 - e. **Total number submitted waiver but did not provide reason** _____
9. **Total number of students who did not submit documentation of completed oral health assessment or waiver of oral health assessment** _____

Please submit this form to your district office by June 1st of the current school year. Thank you.