
SCHOOL NAME

ADDRESS

TALLY COUNT

1. Kindergarten Enrollment _____
2. First Graders Not Previously In a Public School + _____

3. Total eligible for Assessment (1 + 2) = _____

4. Documented Assessments (*do not include waivers*) _____

5. Caries Experience (fillings present) Yes: _____
No: _____

No Box Checked: _____

6. Visible Decay Present Yes: _____
No: _____

No Box Checked: _____

7. Treatment Urgency No obvious problem found: _____

Early dental care recommended: _____

Urgent care needed: _____

No Box Checked: _____

8. Waiver of Oral Health Assessment

Unable to find a dental office that will take student's insurance plan _____

Could not afford assessment _____

Do not want assessment _____

Other reason provided _____

No reason provided + _____

Total Waivers = _____

9. Number of Forms not returned _____

Due to your district office by JUNE of the current school year

Send or fax to: _____

Name: _____
(Name of person completing report)

Phone Number: _____ Ext: _____

Direct Questions to: _____

Fillings Present: reports if the child has had a dental experience
Visible Caries Present: reports if the child has untreated dental caries (cavities)
Treatment Urgency: reports what treatment is needed