



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 conducted by a Registered Dental Hygienist, Dentist, or Dental Therapist.

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

DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS (Licensed dental professional must complete this section)	
Child's Name	Has received <input type="checkbox"/> Dental Exam <input type="checkbox"/> Dental Assessment
Findings (check all that apply) <input type="checkbox"/> No urgent needs <input type="checkbox"/> Treated decay <input type="checkbox"/> Untreated decay	Recommendations (check ONE) <input type="checkbox"/> Routine care <input type="checkbox"/> Referral for urgent needs/restorative care or specialist
Screening Provider (check one) <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Therapist <input type="checkbox"/> Dental Hygienist	
Provider Signature	Provider Name
Phone Number	Date

Additional Comments: _____
