#### DOWNEY UNIFIED SCHOOL DISTRICT

### **Student Services**

## **Oral Health Assessment Form**

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31<sup>st</sup> of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. 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)

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Child's First Name:		Last Name:	Middle Initi		tial:	Child's Birth Date:					
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Address:					Apt.:						
City:				ZIP Code:							
•											
School Name:		Teacher: Grade:		Grade:	Year child starts						
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Danast Overeitas First Name		Devent/Counties Leat News									
Parent/Guardian First Name:		Parent/Guardian Last Name:			Child's Gender:						
						Male l	П г.	مام مد			
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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:	(Visible Decay Pr	esent)	*Caries Experience (Visible decay and/or fillings present)						
MM – DD – YYYY	□Yes □No		□Yes□No						
	arly dental care re		Urgent care needed (pain,						
problem found (caries without pain or infection; or child would infection, swelling or soft lesions)  benefit from sealants or further evaluation)									
			MM – DD – YYYY						
Licensed Dental Professiona	Date								
*Check "Yes" for Caries experience if there is presence of untreated decay <u>or</u> fillings Check "No" for Caries experience if there is no untreated decay <u>and</u> 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	I treatment?	Yes							
		No (If no, entity responsi	ble for follow-up will be k back in with parent)						
		I don't know	N Dack III WIIII Palellij						

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 upon enrollment.