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**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**ADMINISTRATIVE OFFICES**  
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**ALBERTO M. CARVALHO**  
 Superintendent

Dear Parent/Legal Guardian/Educational Rights Holder (Parent) of a LAUSD student enrolled in **Kindergarten or Grade 1**:

Your child’s school may have the opportunity to host a free on-site **DENTAL HEALTH SCREENING** for students in Kindergarten or Grade 1 by a licensed dental professional or registered dental health professional. The purpose of this screening event is to identify your child’s dental needs, connect to care, and eliminate health barriers to learning. If your child is screened and found to have an urgent problem, your child will be sent home with a letter. If you receive a letter, it is important that you take your child to a dental provider for an evaluation.

Participating in a school dental screening has many benefits:

- ✓ You do not need to take time off from work.
- ✓ No missed workdays for you or missed school days for your child(ren).
- ✓ **FREE** dental assessment by a licensed dental professional.
- ✓ No instruments are used during screening.
- ✓ **FREE** referral to a dental professional, if needed.



For more information about these free dental screening events, please scan this QR code: or visit: <http://achieve.lausd.net/dentalscreening>.

If you *want* your child to participate in the dental health screening, **NO FURTHER ACTION IS NEEDED**. Your child’s name, date of birth, grade, school name, and your name, phone number, and address will automatically be shared with the health professional(s) conducting the screening.

If you **\*DO NOT\*** want your child to participate in the dental health screening, please complete the bottom portion of this letter and return it to your child’s school ***no later than Friday, September 13, 2024***. Forms received *after* this deadline may result in screenings being rendered.

*Only complete and sign the Form directly below this line if you **do not** want your child to receive a dental health screening.*

Student’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I **DO NOT** wish to have my child participate in the school’s free on-site dental screening.

\_\_\_\_\_  
*\*Parent Signature* *Date*

***\*For students experiencing homelessness, under California law, families must opt in to share information. If you would like your child to participate, you can authorize LAUSD to share information with the licensed healthcare professional by completing the info below and sending a copy of this form to your child’s school no later than Friday, September 13, 2024.***

\_\_\_\_\_  
*\*Print Parent Name*

\_\_\_\_\_  
*\*Parent Signature* *Date*

\_\_\_\_\_  
*\*Print Student Name and birthdate (mo./day/year)* *Name of School*

For Office Use Only: MiSiS Instructions: MiSiS -> Miscellaneous tab -> Health Screening -> External Partners -> External Partner Dental Screening -> select -> Opt Out (drop down menu)