

MEMBERS OF THE BOARD
SCOTT M. SCHMERELSON, PRESIDENT
KELLY GONEZ
KARLA GRIEGO
SHERLETT HENDY NEWBILL
NICK MELVOIN
TANYA ORTIZ FRANKLIN
DR. ROCÍO RIVAS



LOS ANGELES UNIFIED SCHOOL DISTRICT
ADMINISTRATIVE OFFICES
333 South Beaudry Avenue, 24th Floor
Los Angeles, California 90017
Telephone: (213) 241-7000 | Fax: (213) 241-8442
ALBERTO M. CARVALHO
Superintendent

LAUSD Dental Screening Opt-out

Dear Parent/Legal Guardian/Educational Rights Holder (Parent) of a LAUSD student enrolled in **Transitional Kindergarten, 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. Just a quick look at your child's teeth.
- ✓ **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 portion below of this letter and return it to your child's school **by the second week of September**. 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 the first week of September.***

*Print Parent Name

*Parent Signature

Date

*Print Student Name and birthdate (mo./day/year)

Name of School

For Office Use Only: To input information into MiSiS -> Miscellaneous tab -> Health Screening->Scroll Middle of Page- External Partner Dental (select from drop down menu)-Opt-in