

**Oral Health Assessment Form**

California law (*Education Code Section 49452.8*) says every child must have a dental check-up (assessment) by May 31 of the child’s kindergarten or, if no kindergarten, first grade 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 has 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.

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.

<b>SECTION 1: To be completed by the parent or guardian</b>				
Child’s First Name:	Last Name:	Middle Initial:	Birth Date (mo/day/year):	
Street Address:		Apt: City:	Zip:	Phone: ( ) ( )
School Name:	Teacher:	Child’s Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Grade:	Parent/Guardian Name:
Child’s Race/Ethnicity (Optional):				
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American
<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (please specify)	

California law requires schools to maintain the privacy of students’ health information. Your child’s identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

<b>SECTION 2: Oral Health Data Collection</b>			
<b>To be completed by a California licensed dental professional</b>			
Assessment Date:	Untreated Decay (Visible Decay Present): <input type="checkbox"/> Yes <input type="checkbox"/> No	*Caries experience: (Visible Decay and/or Fillings Present): <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed

\_\_\_\_\_  
*Signature of Licensed Dental Professional*

\_\_\_\_\_  
*CA License Number*

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

\_\_\_\_\_  
*Date*

\*Check “Yes” for Caries experience if there is presence of untreated decay or fillings

\*Check “No” for Caries experience if there is not untreated decay and no fillings

**RETURN THIS FORM TO THE SCHOOL NO LATER THAN MAY 31**  
Original to be kept in student’s school health record