



Hancock County Schools - Oral Health Assessment Form

WV Policy 2423, Section 5.3 states your child who is entering Preschool or Kindergarten must have a dental assessment. A licensed dental professional operating within his/her scope of practice must perform the check-up and complete Section 2 of this form. If your child had a dental check-up within the last 12 months before he/she started preschool or Kindergarten, ask your dentist to complete Section 2. If you are unable to get a dental assessment for your child, complete Section 3.

Section 1: Child's Information (Completed by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher, if known:	Entering Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:			

Section 2: Oral Health Data Collection (Completed by a licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay 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 (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
Dentist Information: Name: _____			
Address: _____			
Telephone: _____			
_____ <i>Licensed Dental Professional Signature</i>			_____ <i>License Number</i>
			_____ <i>Date</i>

Section 3: Oral Health Assessment Requirement Response from Parent/Guardian (To be completed by a parent or guardian if SECTION 2 is not completed)

Check the box that is most appropriate.

- I am unable to find a dental office that will take my child's dental insurance plan.
My child's dental insurance plan is _____
- I do not have dental insurance for my child.
- My child could not get a dental assessment because _____

Signature of parent or guardian

Date

Return this form to the school.

The law states schools must keep student health information private; your child's name will not be part of any report because of this law. This information is only used for purposes related to your child's health. If you have questions, please call your school.