CVUSD

CONEJO VALLEY UNIFIED SCHOOL DISTRICT

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31st 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)

OLTE EL CAL					01 11 1	". " D: (I D (
Child's First Name:		Last Name:	I۱۷	Middle Initial:		Child's Birth Date:				
						\ \	– DE) – `	ΥΥ	Υ
Address:			•				Apt.:			
City:			ZIP Cod			Code	de:			
		,								
School Name:		Teacher:		Grade:	Year child starts					
					kind	dergar	ten:			
					YYYY					
Parent/Guardian First Name:		Parent/Guardian Last Name:	me: Child's			ld's Ge	Sender:			
Child's Race/Ethnicity:		White		Native American						
		Black/African American		Multi-racial						
		Hispanic/Latino		Native Hawaiian/Pacific Islander Unknown						
		Asian								
		Other (please specify)								
		(p.0000 op 00)								

Continued on Next Page



CONEJO VALLEY UNIFIED SCHOOL DISTRICT

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:	Untreated Decay (Visible Decay P		*Caries Experience (Visible decay and/or fillings present)				
MM - DD - YYYY	□Yes □No		□Yes □No				
Treatment Urgency:							
□No obvious problem found (car ben	☐ Urgent care needed (pain, infection, swelling or soft tissure lesions)						
			MM – DD – YYYY				
Licensed Dental Prof	fessional Signatur	e CA License Numb	er Date				
Check "No" for Caries e	experience if there is	is presence of untreated designs and leading to the second	no fillings				
Parent notified that chil	d has urgent dental	care need on:	MM – DD – YYYY				
A follow-up appointmer	it for this child has l	peen scheduled for:	MM – DD – YYYY				
Did child receive neede	ed treatment?	Yes No (If no, entity responsi encouraged to check I don't know	ble for follow-up will be k back in with parent)				
	I	I UUII L KIIUW	· · · · · · · · · · · · · · · · · · ·				

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 *no later than* May 31st of your child's first school year.

Original to be kept in child's school record.