



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: MM – DD – YYYY | 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 (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) | | |
| _____ Licensed Dental Professional Signature | | _____ CA License Number |
| | | _____ Date |

*Check "Yes" for Caries experience if there is presence of untreated decay or fillings
Check "No" for Caries experience if there is no untreated decay and no fillings

Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)

| | |
|--|---|
| Parent notified that child has urgent dental care need on: | MM – DD – YYYY |
| A follow-up appointment for this child has been scheduled for: | MM – DD – YYYY |
| Did child receive needed treatment? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="checkbox"/> I don't know |

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.