Section 7. Sealant Event Data Collection Form

Event Date(s) _____

School _____

Consent Forms Distributed _____

Labor

	Dentist	Hygienist	Assistant	Other
Total hours at school ¹				
Total hours travelling				
to and from school ²				
Total miles travelling				
to and from school ²				

Vehicles

Number owned/operated by SSP driven to event	
Total miles driven for event	

Services delivered (Only complete if your program will not input child-level data into SEALS.)

Number of children screened	
Number of children receiving sealants	
Number of teeth sealed	
Number of children receiving fluoride varnish	
Number of children receiving prophy ³	

¹ If SSP uses reusable instruments, hours spent on sterilizing instruments offsite should be included in school hours.

² Only complete if your SSP reimburses workers for this item.

³ Delivered with low-speed hand piece or power scaling.

DETAILED CHILD-LEVEL DATA COLLECTION FORM (COMPLETE ONE FORM PER CHILD)

Program Name:		Event (School	/dates):
Patient ID ⁴ #:	Age:	(4 to	18 years) Date: Grade:
Insurance:			
		Race	Ethnicity
		Latino	Asian
		Non-Latino	Black or African American
		Unknown	White
			American Indian or Alaska Native
			Native Hawaiian or Other Pacific Islander
			Unknown
	•.		

Check one box for both race and ethnicity:

1. Screening

Chart for program use: **D** = decayed, **F** = filled, **M** = missing due to disease, **S** = sealant present, **PS** = prescribe sealant, **RS** = recommend reseal, **no mark** = no treatment recommended

1	2	3	4	5	12	13	14	15	16	Sealant Prescriber's Signature/Date
										Fluoride Prescriber's Signature/Date
										Fluoride Prescriber's Signature/Date
										-
32	31	30	29	28	21	20	19	18	17	

⁴ Each child's ID# must be unique for that event; do not use duplicate ID#'s at any one event. Programs must ensure complete confidentiality of each child.

Comments:

Data for SEALS

Sealants	Untreated	Treated	Referral:	Number of decayed/filled
Present: No/Yes	Decay: No/Yes	Decay: No/Yes	None Not urgent Urgent	1 st molars: (0-4) =

2. Preventive Services

Chart for program use (Mark with an "S" the teeth where sealants were placed.)

1	2	3	4	5	12	13	14	15	16	Provider's signature
										Date
32	31	30	29	28	21	20	19	18	17	

Comments:

Number of 1 st molars	Number of 2 nd molars	Number of other permanent
sealed:	sealed:	teeth sealed:
(0-4) =	(0-4) =	(0-8) =
Number of primary teeth sealed: (0-8) =	Fluoride varnish provided: No/Yes	Prophylaxes provided: No/Yes

Data for SEALS

3. Follow-Up

Chart for program use (Mark with an "R" teeth where sealants were retained.)

1	2	3	4	5	12	13	14	15	16	Evaluator's Signature
										Date

32 31 30 29 28 21 20 19 18 17								
	 1 31	29	28	1 20	19	18	1/	

Comments:

Data for SEALS

Number of teeth with a retained sealant (0–8)
