

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 prophylaxis 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 ID⁴ #: _____ 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
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.

Data for SEALS

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

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

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

[illegible]

32	31	30	29	28	21	20	19	18	17	

Comments:

Data for SEALS

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