**Oral health screening fields form**

###### Sample Oral Health Screening Form for School Children

|  |
| --- |
| **Information obtained by the screener on the day of the screening** |
| Screen Date: [ ] [ ]  / [ ] [ ]  / [ ] [ ]  | School Code: [ ] [ ] [ ]  | Screeners Initials: [ ] [ ] [ ]  |
| SSID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | Grade\*: [ ]  |
| Untreated Decay: [ ]  No [ ]  Yes  | Treated Decay: [ ]  No [ ]  Yes | Dental Sealants: [ ]  No [ ]  Yes |
| Treatment Urgency: [ ]  None [ ]  Early [ ]  Urgent |  |  |
| **Sources to obtain demographic information:*** **From the school:** include the demographic information below on the screening form.
* **From the Department of Education:** make sure to include SSID on the screening form. Use the demographic information section below as a guide for collecting the corresponding variables and their categories.
* **From the parent or guardian questionnaire:** staple the questionnaire to the screening form. Refer to sample questionnaire on page 56.
 |
| Sex: [ ]  Female [ ]  Male | Date of Birth: [ ] [ ]  / [ ] [ ]  / [ ] [ ]  or Age (Years):       | NSLP: [ ]  Not Eligible [ ]  Eligible |
| Hispanic or Latino: [ ]  No [ ]  Yes  |
| Race (check all that apply):[ ]  American Indian/Alaska Native [ ]  Black/African American [ ]  Native Hawaiian/Other Pacific Islander[ ]  Asian [ ]  White |

NOTE: ASTDD recommends that you use official data from the Department of Education or schools as a primary source for demographics and the parent or guardian consent form or questionnaire secondarily.

\* Grade is collected only if multiple grades are included.

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1346).

###### Sample Oral Health Screening Form for Head Start Children

Form Approved
OMB No. 0920-1346

|  |
| --- |
| **Information obtained by the screener on the day of the screening** |
| Screen Date: [ ] [ ]  / [ ] [ ]  / [ ] [ ]  | Site Code: [ ] [ ] [ ]  | Screeners Initials: [ ] [ ] [ ]  |
| Untreated Decay: [ ]  No [ ]  Yes  | Treated Decay: [ ]  No [ ]  Yes | Treatment Urgency: [ ]  None [ ]  Early [ ]  Urgent |
| **Sources to obtain demographic information:*** **From the Head Start program:** include the demographic information below on the screening form.
* **From the parent/guardian questionnaire:** staple the questionnaire to the screening form. Refer to sample questionnaire on page 56.
 |
| Sex: [ ]  Female [ ]  Male | Date of Birth: [ ] [ ]  / [ ] [ ]  / [ ] [ ]  or Age (Years):       |
| Hispanic or Latino: [ ]  No [ ]  Yes  |
| Race (check all that apply):[ ]  American Indian/Alaska Native [ ]  Black/African American [ ]  Native Hawaiian/Other Pacific Islander[ ]  Asian [ ]  White |

NOTE:

ASTDD recommends that you use official Head Start data as a primary source for demographics and the parent or guardian consent form or questionnaire secondarily.

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1346).