**Oral health screening fields form**

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

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| **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

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| **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).