



IUSD HEALTH SERVICES
ORAL HEALTH ASSESSMENT

California law, Education Code Section 49452.8, now requires that your child have an oral health assessment in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Irvine Unified School District recommends that this examination be done prior to school entry and an oral health assessment done within the 12 months prior to your child entering school does meet this requirement.

Section 1
To be completed by parent or guardian

Child's Last Name:	First Name:	Middle Initial:	Child's birthdate:									
Address:			Apt. #:									
City			ZIP Code:									
School Name:	Teacher:		Grade:									
Parent/Guardian Name:		Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female										
Child's race/ethnicity:	<table><tr><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Hispanic/Latino</td></tr><tr><td><input type="checkbox"/> Asian</td><td><input type="checkbox"/> American Indian</td><td><input type="checkbox"/> Alaska Native</td></tr><tr><td><input type="checkbox"/> Multi-racial</td><td><input type="checkbox"/> Native Hawaiian/Pacific Islander</td><td><input type="checkbox"/> Unknown</td></tr></table>			<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Unknown										

Section 2
Oral Health Data Collection
To be completed by the dental professional conducting the assessment

Assessment date:
Visible fillings present: <input type="checkbox"/> Yes <input type="checkbox"/> No
Visible cavities 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 <input type="checkbox"/> Urgent care needed

Examiner's Name	Date	<div></div>
Address		
Phone Number	Fax	
Office Stamp		

Please submit by August 26th

Original to be retained in child's school record.