



Oral Health Needs Assessment Screening Form

1. General Information

Complete the needed information on the screening form and attach the signed Student Consent Form to the back.

Screen date:	
Site/School code:	
Teacher's name:	
Grade level:	
Child's last name:	
Child's first name:	
Child's birth date:	

2. Demographics

<i>Select only one response for each category.</i>			Indicate:
Gender:	1 = Male	2 = Female	
Race:	1 = White	2 = Black or African American	9 = Other
Ethnicity:	0 = Not Hispanic	1 = Hispanic	

3. Screening Results

<i>Select only one response for each category.</i>			Indicate:
Untreated caries:	0 = No	1 = Yes	
Caries experience:	0 = No	1 = Yes	
Treatment urgency:	0 = No obvious problem	1 = Early Dental Care	2 = Urgent Dental Care
Sealants:	0 = No	1 = Yes	

Screener's Initial/Name: _____