



# Victor Valley Seventh-day Adventist School

*Where Excellent Education and Core Christian Concepts Meet*

17137 Crestview Drive, Victorville, CA 92395 (760) 243-4176 Fax: (760) 245-5606 [vvsda.com](http://vvsda.com)

Southeastern California Conference, Office of Education

## Oral Health Assessment Form

Your child is required to have an oral health assessment before entry into kindergarten or first grade; whichever is his or her first year of school. The assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have been done within the 12 months before your child enters school also must meet this requirement.

### **SECTION 1** To be completed and returned to the school by the parent or guardian:

First Name	M.I.	Last Name	D.O.B.
Street Address	Apt #	City	Zip Code
School: _____		Teacher: _____	Grade: _____
Print Parent/Guardian Name		Parent/Guardian Signature	

### **SECTION 2** To be completed by the dental professional conducting assessment:

<b>Oral Health Data Collection</b>	<b>YES</b>	<b>NO</b>
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1. Visible filling present:

2. Visible Caries present:

3. Treatment Urgency:           No obvious problem found

Early dental care recommended

Urgent care needed, please specify \_\_\_\_\_

\_\_\_\_\_  
**Dental Professional's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Phone**