

Where Excellent Education and Core Christian Concepts Meet 17137 Crestview Drive, Victorville, CA 92395 (760) 243-4176 Fax: (760) 245-5606 <a href="https://www.vvsda.com">wvsda.com</a>

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 pr	rofessional conduct	ing assessment:
Oral Health Data Collection	Y	ES	NO
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		