



**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 oral health assessments that have happened within the 12 months before your child enters school 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:	<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

**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 _____	
Address _____		
Phone Number _____	Fax _____	
Office Stamp		

Original to be retained in child's school record.