MICHIGAN KINDERGARTEN
ORAL HEALTH ASSESSMENT PROGRAM

KINDERGARTEN ORAL HEALTH ASSESSMENT FORM

The Kindergarten Oral Health Assessment law [*Public Health Code Act 368 Section 333.9316*] was passed to ensure that children entering their first year of school are able to receive an oral health assessment (dental screening) prior to starting school. Good oral health is important to help children stay healthy and ready to learn. This optional assessment will let you know if your child has any dental problems that require attention by a dentist. The assessment must be done by a Registered Dental Hygienist, Dentist, or Dental Therapist.

STUDENT INFORMATION	
Child's Name (Last, First, Middle)	Date of Birth (mm/dd/yy)
Address (Number, Street, City, Zip Code)	Home/Cell Phone Number
Parent/Guardian Name (Last, First, Middle)	Parent/Guardian Email
School Name	

DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS (Licensed dental professional must complete this section)

Date of Service

Type of service
☐ Dental Exam ☐ Dental Assessment

Findings (check all that apply)	Recommendations (check ONE)
☐ No urgent needs	☐ Routine care
☐ Treated decay	☐ Referral for urgent needs/restorative care or specialist
☐ Untreated decay	

Screening Provider (check one)
☐ Dentist ☐ Dental Therapist ☐ Dental Hygienist

Provider Signature	Agency/Local Health Department
Provider Name (print)	Phone

Additional Comments: _____
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