

**ANNUAL ORAL HEALTH ASSESSMENT REPORT**

School Year \_\_\_\_\_

School District: \_\_\_\_\_

Public School     Private School

Number of Schools in District with Kindergarten Enrollment: \_\_\_\_\_ CDS Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City Zip

**Number of Children with Waiver of Oral Examination for School Entry**

Name of School:	Total number of students at the school eligible for the assessment	Total number of students presenting proof of an assessment	Total number of students that presented a waiver for the purpose of financial burden	Total number of students that presented a waiver for lack of access to a licensed dentist/doctor	Total number of students that presented a waiver for reasons of non-consent by parents.	Number of students that did not return either proof of an assessment or a waiver to the school	Total number of students that were found to have untreated decay	Total number of students that were found to have had caries experience.
<b>Column Totals:</b>								

*I certify that the number of children reported above are true numbers and that the parents and guardian of these children were informed of the requirement for oral health assessment prior to kindergarten entry, pursuant to section 49452.8 of the Education Code.*

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Send the Signed Original to: TCOE School Health Programs, 7000 Doe Ave., Bldg. 700, Visalia, CA 93291 by June 1<sup>st</sup> of every year.**  
**Telephone: (559) 651-0130    FAX: (559) 651-1995**