Tulare County Office of Education

Committed to Students, Support and Services

ANNUAL ORAL HEALTH ASSESSMENT REPORT

School Year _____

SCHOOL DISTRICT: _____ ❒ Public School ❒ Private School

Number of Schools in District with Kindergarten Enrollment: _____

Mailing Address: _____

Address *City* *Zip*

NAME OF SCHOOL	Total number of children enrolled in **Kindergarten at time report completed**	Total number of children enrolled in **First Grade** if this is their first time in school	Total number of children **with report of oral assessment for school**	**Number of Children with Waiver of Oral Examination for School Entry**			Number of students assessed who have **untreated tooth decay**	Number of students **without documentation or waiver of oral examination on file**
				Number of students who could not complete assessment due to **financial burden**	Number of students who could not complete assessment due to **lack of access to licensed dentist/health professional**	Number of students who could not complete assessment due to **non-consent from parent or guardian**		
Column Totals:								

*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 requiremen*requirement for oral health assessment prior to kindergarten entry, pursuant to section 49452.8 of the Education Code.

Print Name: _____ Signature: _____ Date:_____ Telephone: _____

Send the signed original to: **TCOE School Health Programs, 7000 Doe Avenue, Building 700, Visalia, CA 93291 by December 31st.**
Telephone: 559-651-0130 ext. 3710 Fax: 559-651-1995