

SCREENING/SEALANT PLACEMENT DATA COLLECTION FORM

School _____ School District _____

County _____ Date(s) of screening _____

Date(s) of sealant placement _____

Number of hours of sealant placement _____

TARGET GRADES

	2nd grade	6th grade
# of students in sealant grade		
# of students in grade with consent		
# of students screened		
# of students who needed sealants		
# of students who received sealants		
Total # of teeth sealed		
# of students who need care		

FOLLOW-UP GRADES

	3rd grade	7th grade
# of students screened at previous grade last year		
# of students screened for follow-up		
# of teeth sealed previous year for children being screened for follow-up		
Total # of students receiving sealants this year		
# of newly erupted teeth needing sealant		
# of teeth needing add on sealant		
# of teeth needing complete re-seal		
# of students needing dental care		

TARGET AND FOLLOW-UP GRADES

ETHNICITY/RACE

ETHNICITY	RACE						
# of Hispanic	# of Am. Indian/Alaskan Native	# of Asian	# of Black/African American	# of Native Hawaiian/Pacific Islander	# of White	# of Other	# of Unknown

FREE OR REDUCED PRICE MEALS

# responding "yes"	# responding "no"	# responding "don't know/don't remember"	# with no response

MEDICAID-Fee For Service (FFS)/MEDICAID-Managed Care Plans (MCP)

	Medicaid-FFS (ODJFS)	Medicaid-MCP
# sealed this quarter		

SHORT-TERM RETENTION (STR) CHECK

# of students checked for STR	# of sealants placed	# of completely retained sealants	STR rate (retained sealants/sealants placed)	Date STR check occurred