

SEALS Child-Level Data Collection Form

1. Program Name: _____ 2. Event/Site Name: _____
3. Patient Name: First _____ Last _____
4. ID # : _____ Each child's ID # must be unique for that event; do not use duplicate ID #'s at any one event.
5. Sex: _____ (0 = Male, 1 = Female) 6. Grade: _____ (0 = Kindergarten) 7. DOB _____ 8. Age: _____
9. Race/ethnicity (Check all that apply): ___White ___Black/African American ___Asian ___Hispanic
 ___American Indian/Alaska Native ___Native Hawaiian/Pacific Islander ___Other
10. Special health care needs: _____ (0 = No, 1 = Yes) 11. Medicaid/SCHIP status _____ (0=Medicaid, 1=SCHIP, 2=neither, 99=unknown)

I. Screening – D = decay, F = filled, M = missing, S = sealant present, PS = prescribe sealant,
 RS = recommend reseat, **no mark** = no treatment recommended

1	2-O	2-L	3-O	3-L	4	5	12	13	14-O	14-L	15-O	15-L	16	
														Sealant Prescriber's Signature _____
														Date _____
														Fluoride Prescriber's Signature _____
														Date _____

KEY: O=Occlusal, L=Lingual, B=Buccal

Comments: _____

12. Untreated Cavities: 0 = No untreated cavities 1 = Untreated cavities present	13. Caries Experience: 0 = No caries experience 1 = Caries experience	14. Sealants Present: 0 = No sealants 1 = Sealants present
15. Treatment Urgency: 0 = No obvious problem 1 = Early dental care 2 = Urgent care	16. Referred for treatment: 0 = No 1 = Yes	17. Decayed or filled surfaces: a. 1 st molars b. 2nd molars <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>

II. Preventive Services - Mark the teeth/tooth surfaces where sealants were placed with an S.

1	2-O	2-L	3-O	3-L	4	5	12	13	14-O	14-L	15-O	15-L	16	
														Provider's Signature _____
														Date _____

Comments: _____

18. Number of surfaces sealed among: a. 1 st molars b. 2nd molars c. other <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	19. Fluoride treatment received: 0 = none 1 = varnish 2 = gel/foam/rinse
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III. Follow-Up - Mark teeth/tooth surfaces where sealants were retained with an R.

1	2-O	2-L	3-O	3-L	4	5	12	13	14-O	14-L	15-O	15-L	16	
														Evaluator's Signature _____
														Date _____

Comments: _____

20. Number of surfaces retaining a program sealant:	21. Subsequent visit for restorative treatment: 0 = No 1 = Yes 99 = Unknown, no follow-up performed by program
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