

# Student Record

Student ID Number	Mo Day Yr Birthdate	Grade	Room #-IE	Room #-RC	Room #-NE
School #	School	(Last)	STUDENT NAME		(First)
			Sex	Race	Zip Code

<b>Medicaid Information</b>					
Case Name	(Last)	(First)	Case Number	Child's Number	Social Security Number

**INITIAL ASSESSMENT**

Month	Day	Year			2	Lingual	3	4	5	12	13	14	Lingual	15	# Teeth Sealed	# Surfaces Sealed
Exam Date															Provider Code	
Caries History	Untreated Caries	Sealants Present	32	Buccal	30	29	28	21	20	19	Buccal	18				
Assessor Code													Month	Day	Year	

Assessor Signature \_\_\_\_\_ Comments \_\_\_\_\_ Provider Signature \_\_\_\_\_

**ONE-YEAR RETENTION CHECK**

Month	Day	Year			2	Lingual	3	4	5	12	13	14	Lingual	15	LS	AO
Exam Date															NS	Reapplied
Assessor Code			32	Buccal	30	29	28	21	20	19	Buccal	18				
Provider Code													Month	Day	Year	

Assessor Signature \_\_\_\_\_ Comments \_\_\_\_\_ Provider Signature \_\_\_\_\_

**NEW ASSESSMENT-SUBSEQUENT YEAR(S)**

Month	Day	Year			2	Lingual	3	4	5	12	13	14	Lingual	15	# Teeth Sealed	# Surfaces Sealed
Exam Date															LS AO Reapplied	
Caries History	Untreated Caries	Sealants Present	32	Buccal	30	29	28	21	20	19	Buccal	18				
Assessor Code													Month	Day	Year	

Assessor Signature \_\_\_\_\_ Comments \_\_\_\_\_ Provider Signature \_\_\_\_\_

**Key:**  - Not present      D - Decay      N - Needs sealant      AO - Original sealant partially applied  
R - Restored      DD - Deciduous decay      US - Unsealable - see reason      XX - Sealed elsewhere (private dentist)  
PE - Partially erupted      OS - Old sealant - this program      LS - Lost sealant - this program

## KEY: STUDENT RECORD

Datum	Description
<b>General Student Information</b>	
Student ID number	– Unique number assigned to student
Birthdate	– Birthdate of student (month, day, year)
Grade	– Grade of student at initial assessment
Room number – IA	– Homeroom number of student at initial assessment
Room number – RC	– Homeroom number of student at retention check
Room number – NA	– Homeroom number of student at new assessment-subsequent years
School number	– Unique number assigned to school
School	– Name of school
Student's name	– Last, first
Student's sex	– M (male) or F (female)
Student's race	– B (Black), H (Hispanic), N (Native American), O (other), W (White) – self identified
Zip code	– Zip code of student's home address
Billing Information	Tailored to individual program needs
<b>Initial Assessment</b>	
Assessment date	– Date assessment took place (month, day, year)
Caries history	– N No evidence of decayed, missing or filled teeth present Y Presence of one or more primary or permanent decayed, missing, or filled teeth. Teeth missing for reasons other than caries should not be counted.
Untreated caries	– N No dental caries present Y Dental caries suspected
Sealants present	– N No evidence of sealants present Y Evidence of one or more completely or partially retained sealants
Assessor code	– Unique code assigned to assessor
Assessor signature	– Signature of person performing the assessment
Tooth chart	– Record condition of each tooth/need for sealant using the appropriate code from the key at the bottom of the form. Maxillary molars have three boxes and mandibular molars have two to distinguish distinct tooth surfaces available for sealants.
Comments	– Notes concerning oral condition, treatment need, student's behavior
# Teeth sealed	– Total number of teeth receiving sealants
# Surfaces sealed	– Total number of surfaces receiving sealants (occlusal surfaces should be counted as one surface)
Provider code	– Unique code assigned to person applying the sealants
Sealant date	– Date sealants were placed (month, day, year)
Provider signature	– Signature of person applying the sealants
<b>One-Year Retention Check</b>	
Retention assessment date	– Date sealants were assessed for retention (month, day, year)
Assessor code	– Unique code assigned to assessor
Provider code	– Unique code assigned to person placing sealants if they were newly applied or reapplied
Assessor signature	– Signature of person performing the retention check
Tooth chart	– Record condition of each sealant applied the previous year using codes from

Datum	Description
	the key at the bottom of the form
LS	– Total number sealants partially or completely lost during the past year. These sealants should be replaced
AO	– Total number of teeth that were partially sealed and need sealant material added on
NS	– Total number of teeth sealed that were not sealed previously
Reapplied	– Total number of sealants reapplied at one year retention check (include LS and AO)
Sealant date	– Date sealants were applied as a result of the one-year retention check (month, day, year)
Provider signature	– Signature of person applying the sealants

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### **New Assessment – Subsequent Year(s)**

This section is for use as an initial assessment for children who return new consent forms but have participated in the dental sealant program in the past. This assessment is likely to occur on sixth, seventh, or eighth grade students who received sealants when they were in first or second grade.

Assessment date	– Date assessment took place (month, day, year)
Caries history	– N No evidence of decayed, missing or filled teeth present Y Presence of one or more primary or permanent decayed, missing, or filled teeth. Teeth missing for reasons other than caries should not be counted.
Untreated caries	– N No dental caries present Y Dental caries suspected
Sealants present	– N No evidence of sealants present Y Evidence of one or more completely or partially retained sealants
Assessor code	– Unique code assigned to assessor
Assessor signature	– Signature of person performing the assessment
Tooth chart	– Record condition of each tooth/need for sealant using the appropriate code from the key at the bottom of the form. Use LS and AO codes for teeth, which were sealed as a result of the initial assessment.
LS	– Total number sealants partially or completely lost during the past year. These sealants should be replaced
AO	– Total number of teeth that were partially sealed and need sealant material added on
# Teeth sealed	– Total number of teeth receiving sealants
# Surfaces sealed	– Total number of surfaces receiving sealants (occlusal surfaces should be counted as one surface)
Provider code	– Unique code assigned to person applying the sealants
Sealant date	– Date sealants were placed (month, day, year)
Provider signature	– Signature of person applying the sealants