

Dear Parent or Guardian:

Your child's school has been chosen to take part in Louisiana's 2022-2023 Third-Grade Basic Screening Survey. This survey gathers oral health information on Louisiana's third grade students to improve dental care for all of Louisiana's children, but it will also give you a quick check on your child's oral health!

With your consent, a registered dental hygienist will perform a free oral exam, or smile check, on your child at school. **This exam will only take about two minutes and is pain-free. It will not disrupt any of your child's core classes.** The hygienist will use dental gloves and a disposable, sterilized mirror to check your child's mouth for any cavities, tooth decay and dental sealants.

As a part of the screening, your child will receive an oral health lesson and a goody bag with a toothbrush, toothpaste and floss. The results of your child's smile check will be sent home on the day of the screening.

This screening does not take the place of regular dental check-ups, so please be sure to keep appointments with your family dentist. If you do not have a family dentist, please indicate that on the consent form. Results of your child's assessment will be kept **confidential**, and your child will not be named in any report.

We encourage you to allow your child to participate in the Basic Screening Survey to help us gain a better understanding of the dental health needs of Louisiana's children. A healthy smile can prepare your child for a healthy future.

Please complete, sign and return the consent form. This will allow your child to participate in the smile check.

Healthy Wishes,



Kayla Noll
Oral Health Manager
Well-Ahead Louisiana, Oral Health Promotion
Louisiana Department of Health, Office of Public Health



MOVING LOUISIANA'S HEALTH FORWARD

TEL: 1-844-522-4323 • EMAIL: WELLAHEAD@LA.GOV

Child's Name: _____ Child's Age: _____

____ Yes, I give permission for my child to have their teeth checked.

____ No, I do not give permission for my child to have their teeth checked.

Parent/Guardian Signature: _____ Date: _____

Please answer these questions to help us learn more about access to dental care. Answers will be kept confidential, and your child's name will be not used in any report. These questions are optional. If you do not want to answer the questions, you may still give permission for your child to participate in the smile check.

1. Does your family have a dentist?
No Yes
2. How would you describe the condition of your child's teeth?
 Excellent Good Poor
 Very good Fair Don't know
3. During the past 12 months, did your child have a toothache, decayed teeth, or unfilled cavities?
 No Yes Don't know
4. During the past 12 months, did your child see a dentist for any kind of dental care, including check-ups, dental cleanings, x-rays, or filling cavities?
 No Yes Don't know
5. During the past 12 months, was there any time when your child needed dental care (including check-ups) but didn't get it because you could not afford it?
 No Yes Don't know
6. Do you have any kind of insurance that pays for some or all of your child's dental care? Include health insurance obtained through employment or purchased directly as well as government programs like Medicaid.
 No Yes Don't know
7. Which of the following best describes your child? (Check all that apply)
 White Black/African American Hispanic/Latino
 Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander
8. Is your child eligible for the free or reduced price school lunch program?
 No Yes Don't know
9. Do you have any concerns about your child's dental health or their ability to get dental care?
 No Yes Don't know