


Screening Coordinator:		School Oral Health Screening Form					
Email:							
Phone:							
Screener Name:		Screening Date:	School Name:	Please send copies to:			
Screener Credentials: ...				MT DPHHS Oral Health Program PO Box 4210 Helena, MT 59620-4210			
Did screener complete Basic Screening Survey training?	...	Training Date:	City:	County:	 <small>Healthy People. Healthy Communities. Department of Public Health & Human Services</small>		

ID Number	Grade	Age	Gender	Race/Ethnicity	Special Needs	Active Untreated Decay	Potentially Arrested Decay (SDF)	Treatment Urgency	Treated Decay	Sealant on Primary Molar	Sealant on Permanent Molar	Comments

Race/Ethnicity
W = White
B = Black/African American
H = Hispanic/Latino
A = Asian
AI = American Indian/Alaska Native
NH = Native Hawaiian/Pacific Islander
MR = Multi-racial
U = Unknown

Active Untreated Decay
YES = visual breakdown of enamel surface (cavitated lesions, no evidence of SDF)

Potentially Arrested Decay (SDF)
YES = visual breakdown of enamel surface with dark/black & hard glossy appearance

Treated Decay
YES = any type of filling, crown, temporary filling or missing tooth due to decay

Sealant
YES = at least one sealant on molar (complete or partial coverage of pits & fissures)
N/A = teeth not erupted or exfoliated

Treatment Urgency
NONE = no obvious problems
EARLY = decay without accompanying signs or symptoms or individuals with other oral health problems requiring care before their next routine dental visit
URGENT = signs or symptoms that indicate an active infection (i.e. pain, mobility, swelling, and/or draining fistula)

