

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF ORAL HEALTH DENTAL SEALANT PROGRAM**

(Rev: 5/13)		School-Based Dental Sealant Activity Reporting Form																
Local Health Department:																		
Name of Reporter:																		
Phone Number:																		
Email Address:																		
Fiscal/Award Year:																		
REPORTING QUARTER (ENTER 1, 2, 3 OR 4):																		
Measure/Activity	Grade Level:	Elementary School					Middle School			High School				Total				
		K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th		12th			
<b>General Demographics (Unduplicated Count)</b>																		
<b>Sex/Gender</b>																		
Male																		
Female																		
<b>Hispanic Identity (Ethnicity)</b>																		
Yes																		
No																		
<b>Race</b>																		
White																		
Black/African American																		
Asian																		
Native Hawaiian/Pacific Islander																		
Native American/Alaska Native																		
Other																		
<b>Insurance Status</b>																		
Medicaid/SCHIP																		
Private																		
Other/Uninsured/Unknown																		
<b>Number of Schools</b>																		
Number of Title I schools (unduplicated count)																		
Number of Schools with Free and/or Reduced Lunch																		
<b>Screening</b>																		
Number of children screened (unduplicated count)																		
Number of children screened with untreated decay																		
Number of children screened with caries experience																		
Number of children screened with urgent dental need																		
Number of children screened with early dental need																		
Number of children screened with at least one sealant present																		
Number of children receiving dental referral																		
<b>SELECTED CONSECUTIVE AGE GROUPS</b>																		
Number of erupted permanent 1st molars																		
Number of permanent 1st molars w/ caries (treated or untreated)																		
Number of erupted permanent 2nd molars																		
Number of permanent 2nd molars with caries (treated or untreated)																		
<b>Services Provided</b>																		
Number of children sealed																		
Number of permanent 1M sealed																		
Number of permanent 2M sealed																		
Number of children receiving retention check																		
Number of permanent 1st molars sealants retained																		
Number of permanent 2nd molar sealants retained																		
Number of permanent molars receiving sealant at retention check																		
<b>Event Level Data</b>																		
Number of dental chairs at events																		
Total hours spent <b>on-site</b> for screening, sealant delivery and set-up																		
Total hours spent <b>off-site</b> organizing school dental sealant program																		
Number of children receiving oral health education																		
Estimate the average number of minutes spent per child for sealant application																		

SAMPLE

**NOTES:** Include additional notes and/or comments in the space provided if needed to explain your report.