

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

(Revised: March 2015)

School-Based Dental Sealant Activity Reporting Form

Local Health Department:															
Name of Reporter:															
Fiscal Award Year:															
Phone #:															
Email:															
Reporting Quarter:															
Measure/Activity	Grade Level:	Elementary School					Middle School			High School				Total	
		K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th		12th
General Demographics (Unduplicated Count)		<i>Note: Sex/Gender, Race and Insurance Status Totals should be the same value and equal the</i>													General Demographics Cross-Check Total:
Sex/Gender															Sex/Gender Total:
Male															
Female															
Hispanic Identity (Ethnicity)															Race Total:
Yes															
No															
Race															Insurance Status Total:
White															
Black/African American															
Asian															
Native Hawaiian/Pacific Islander															
Native American/Alaska Native															
Other															
Insurance Status															Screening
Medicaid/SCHIP															
Private															
Other/Uninsured/Unknown															
Screening															SELECTED CONSECUTIVE AGE GROUPS
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															
SELECTED CONSECUTIVE AGE GROUPS															Services Provided
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)															
Services Provided															Number of children sealed
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															
Number of children receiving fluoride mouthrinse															
Number of children receiving fluoride varnish															

Sample

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Event Level Data

Total number of schools visited		
Total number of schools visited with Title I Designation		
Total hours spent on-site for screening, sealant delivery and set-up		
Total hours spent off-site organizing school dental sealant program		
Number of children receiving oral health education		
Estimate the average # of minutes spent per child for sealant application		
Program Annual Sealant Retention Rate (%)		
How many cases/families required follow-up? (Additional statements can be added in the notes section.)		
<p>NOTES -> Include additional notes and/or comments in the space provided if needed to explain your report.</p>		

Sample