

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

Local Health Department	
Name of Reporter	
Phone Number	
Email address	
Fiscal/Award Year	

ENTER INFORMATION ONLY IN THE GRAY AREAS

School-Based Dental Sealant Activity Reporting Form										
Grade Level	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total	
	2nd - 3rd	6th - 8th	2nd - 3rd	6th - 8th						
Measure/Activity										
General Demographics (Unduplicated Count)										
Sex/Gender										
Male									0	0
Female									0	0
Race/Ethnicity										
White									0	0
Black/African American									0	0
Asian									0	0
Hispanic									0	0
Hawaiian/Pacific Islander									0	0
Native American/Alaska Native									0	0
Other/Unknown									0	0
Insurance Status										
Medicaid/SCHIP									0	0
Yes									0	0
No									0	0
Private									0	0
Uninsured/Unknown									0	0
Number of schools										
Number of Title I schools (unduplicated count)									0	0
Number of Schools with Free and/or Reduced Lunch									0	0
Screening										
Number of children screened (unduplicated count)	0	0	0	0	0	0	0	0	0	0
Number of children with untreated decay									0	0
Number of children with urgent dental needs									0	0
Number of children with early dental needs									0	0
Number of children with sealants present									0	0
Number of children receiving sealant retention check									0	0
Number of children needing reseal									0	0
Services Provided										
Number of children sealed									0	0
Number of children receiving reseal									0	0
Number of children receiving dental referrals									0	0
Number of children receiving health education									0	0

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