



Oral Health Screening for Rhode Island Kindergarten and Third Grade Students

September 2019

Your child's school has been chosen to take part in the Rhode Island Department of Health Oral Health Program's Basic Screening Survey! The purpose of this survey is to gather information on the oral health needs of children throughout Rhode Island. This is performed at the same time as the state-mandated school dental screening.

If you choose to let your child participate, a licensed dentist or dental hygienist will check your child's mouth at during school. A disposable mouth mirror and disposable gloves will be used for each child. No other dental instruments will be used. You will be informed if your child has immediate needs. The results will help the Oral Health Program staff provide programs to Rhode Island children so that they have healthier teeth and gums. Those results that are sent to RIDOH will be kept confidential, no names will be used.

We hope all kindergarten and third grade students will participate in the dental health screening, even if they have a regular dentist, for an accurate report. This screening does not take the place of a regular dental exam by your dentist.

A healthy mouth and body make a child happier and ready to learn new things in school. If you have questions, please call the school nurse at your child's school, the RIDOH Information Line, 401-222-5960 / RI Relay 711, or contact the Oral Health Program at RIDOH.OralHealth@health.ri.gov. Thank you so much!

Children who participate will receive a **FREE** toothbrush!



If you **do not** want your child to participate, please return this slip to your child's teacher tomorrow.

I **do not** want my child to participate in the Dental Health Screening.

Student's Name: _____

Teacher's Name/Room Number: _____ / _____

Parent's Signature: _____

If you return this slip with your signature, but do not check the box above, you are agreeing to let your child be screened.