



**UTICA
COMMUNITY
SCHOOLS**



A HEALTHY MOUTH IS IMPORTANT



New UCS kindergarten/Young Fives students are required to have a dental assessment before the start of the school year.

Dental problems can cause pain and make it difficult for children pay attention in school, prevent them from eating and sleeping well, and can even affect their ability to speak and socialize. All of this can affect a child's ability to learn and do well in school. Children benefit from having a dental assessment (screening) before starting school to check for any dental problems that need to be fixed so that they start school ready to learn.

QUESTIONS ABOUT DENTAL ASSESMENTS

How can I get the dental assessment done?

Provide the form on the next page to your child's dentist to complete.

Do my older children need a dental assessment, too?

It is highly recommended that all children see a dentist at least once a year.

What does a dental assessment entail?

A dental professional will look into your child's mouth and note what they see on the assessment form. No treatment is done, it is simply a quick look in the mouth.

What if I don't have a dentist to conduct the assessment?

The local health department can provide you with a list of dental providers in your area. Check the Michigan Oral Health Directory for a list of low- and no-cost dental providers by county: www.uticak12.org/MIoralhealth
Your child may be able to enroll in the Michigan Healthy Kids Dental Program if they don't have insurance. For information about Healthy Kids Dental, visit. If your child does not have dental insurance, they may be eligible for the Michigan Healthy Kids Dental Program: :
www.uticak12.org/healthykidsdental.

MDHHS-6067, KINDERGARTEN ORAL HEALTH ASSESSMENT

Michigan Department of Health and Human Services (MDHHS)

(New 8-23)

SECTION 1 – STUDENT INFORMATION

Child's Name (Last, First, Middle)

Date of Birth

Address (Number, Street, City, Zip Code)

Home/Cell Phone Number

Parent/Guardian Name (Last, First, Middle)

Parent/Guardian Email

School Name

SECTION 2 – DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS

(Licensed dental professional must complete this section)

Date of Service

Type of Service

Dental Exam

Dental Assessment

Findings (Check all that apply)

Recommendations (Check **one**)

No findings

Routine care

Treated decay

Referral for dental treatment

Untreated decay

Referral for urgent dental care

Provider Type (Check **one**)

Dentist

Dental Therapist

Dental Hygienist

Provider Signature

Agency/Local Health Department

Provider Name (Print)

Phone Number

Additional Comments

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.