



Illinois State Board of Education

James T. Meeks, Chairman

Tony Smith, Ph.D., State Superintendent of Education

School Dental Examinations Information Sheet

Effective as of July 1, 2005.

- All Illinois children in kindergarten, grade 2, and grade 6 are required to have an oral health examination.
 - This is required for all public, private, and parochial schools.
 - [Examinations must be performed by a licensed dentist](#), and he/she must sign the Proof of School Dental Examination form.
 - Each child is required to present proof of examination by a dentist prior to May 15 of the school year.
- School dental examinations must have been completed within the 18 months prior to the May 15 deadline.
- Each school must give notice of the dental examination requirement to the parents or guardians of the children at least 60 days prior to May 15 of each school year.
- The Proof of School Dental Examination form and the Dental Examination Waiver form are uniform for statewide use. These forms are available on the [Illinois Department of Public Health](#) and the [Illinois State Board of Education](#) websites; other organizations or agencies may link to these websites to access the forms.
 - The newest revised forms must be used: the Proof of School Dental Examination form is dated 10/05; the Dental Examination Waiver form is dated 12/06.
- If a child in Grades 2 or 6 fails to present proof by May 15, the school may hold the child's report card until:
 - The child presents a Proof of School Dental Examination form
 - OR
 - The child presents a Dental Examination Waiver form.
 - The child is enrolled in the free and reduced lunch program and is not covered by private or public dental insurance (Medicaid/All Kids).
 - The child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/All Kids).
 - The child is enrolled in Medicaid/All Kids, but the family is unable to find a dentist or dental clinic in the community able to see the child who will accept Medicaid/All Kids.
 - The child does not have any type of dental insurance and there are no low-cost dental clinics in the community that will see the child.
 - OR
 - The child presents an exemption based on religious grounds
(follow [Illinois State Board of Education Administrative Rules](#)).
 - OR
 - The child presents proof that a dental examination will take place within 60 days after May 15.
 - These children must present proof of a completed dental examination before attending school in the subsequent year.



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- Every school shall report to the Illinois State Board of Education by June 30:
 - o Number of students with dental examinations completed.
 - o Number of children with Dental Sealants present.
 - o Number of children without Dental Sealants present.
 - o Number of children with Caries Experience/Restoration History.
 - o Number of children without Caries Experience/Restoration History.
 - o Number of children with Untreated Caries.
 - o Number of children without Untreated Caries.
 - o Number of children needing Urgent Treatment.
- Number of children for whom a waiver is submitted for undue burden/lack of access.
 - o Number of children for whom a waiver is submitted because the child is enrolled in free and reduced lunch program and not covered by private or public dental insurance (Medicaid/All Kids).
 - o Number of children for whom a waiver is submitted because the child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/All Kids).
 - o Number of children for whom a waiver is submitted because the child is enrolled in Medicaid/All Kids, but is unable to find a dentist or dental clinic in the community able to see the child and who will accept Medicaid/All Kids.
 - o Number of children for whom a waiver is submitted because the child does not have any type of dental insurance, and there are no low-cost dental clinics in the community that will see the child.
- Number of children receiving an exemption based on religious objection.
- Number of children receiving an exemption based on medical reason.
- Number of children receiving an exemption based on disability.
- Number of children submitting proof of an appointment scheduled within 60 days after the May 15 deadline.
- Number of children enrolled in the preceding school year who submitted proof of an appointment scheduled within 60 days after the May 15 deadline and subsequently submitted a completed Proof of School Dental Examination form.

The previous Illinois Department of Public Health school dental examinations reporting form did not address the data elements of sealants, caries experience, or untreated decay, and therefore these three sets of numbers cannot be reported for children who submit the outdated form.

Schools are expected to report completely from all of the information available and use the revised new forms—the Proof of School Dental Examination form dated 10/05 and the Dental Examination Waiver form dated 12/06.



PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address:	Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian:	Address (of parent/guardian):			

To be completed by dentist:

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present**

☐ Yes ☐ No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

☐ Yes ☐ No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

☐ Yes ☐ No **Soft Tissue Pathology**

☐ Yes ☐ No **Malocclusion**

Treatment Needs (check all that apply)

☐ **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

☐ **Restorative Care** — amalgams, composites, crowns, etc.

☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis

☐ **Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date of Exam _____

Address _____
Street City ZIP Code

Telephone _____

