Illinois State Board of Education

Illinois Department of Public Health
IDPH
Protecting Health, Improving Lives

School Dental Examinations

- All Illinois children in kindergarten, Grade 2, Grade 6, and Grade 9 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. They are available in both English and Spanish/Español on the Illinois Department of Public Health website. Other organizations or agencies may link to this website to access the forms. The newest revised forms must be used. Please reference the Illinois Department of Public Health website to ensure you are using the current form. The current forms are linked below:
  - Proof of School Dental Examination form – English
  - Proof of School Dental Examination form – Spanish/Español
  - Dental Examination Waiver form – English
  - Dental Examination Waiver form – Spanish/Español

- If a child in Grades 2, 6, or 9 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, OR
    - The child is enrolled in the free and reduced-price lunch program and is not covered by private or public dental insurance (Medicaid/All Kids).
    - The child is enrolled in the free and reduced-price 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 who will accept Medicaid/All Kids and is able to see the child.

        - 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.
    - The child presents an exemption based on religious grounds (follow Public Health 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.

- Every school shall report to the Illinois State Board of Education by June 30:
    - Name of school
    - ZIP code of school location
    - Total number of children by demographic group subject to dental exam requirement
    - Number of children by demographic group with dental examinations completed
    - Number of children by demographic group with dental sealants present on permanent molar teeth
    - Number of children by demographic group without dental sealants present
    - Number of children by demographic group with caries experience/restoration history
    - Number of children by demographic group without caries experience/restoration history
    - Number of children by demographic group with untreated caries
    - Number of children by demographic group without untreated caries
    - Number of children by demographic group needing urgent treatment
    - Number of children by demographic group for whom a waiver is submitted for undue burden/lack of access
        - Number of children for whom a waiver is submitted because the child is enrolled in the free and reduced-price lunch program and not covered by private or public dental insurance (Medicaid/All Kids)
        - Number of children for whom a waiver is submitted because the child is enrolled in the free and reduced-price lunch program and is ineligible for public insurance (Medicaid/All Kids)
        - 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 who will accept Medicaid/All Kids and is able to see the child
        - 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 by demographic group receiving an exemption based on religious objection
    - Number of children by demographic group receiving an exemption based on medical reason
    - Number of children by demographic group receiving an exemption based on disability
    - Number of children by demographic group submitting proof of an appointment scheduled within 60 days after the May 15 deadline
    - Number of children by demographic who did not return the assessment form or the waiver request to the school
    - Number of children by demographic 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

- Schools are expected to report completely from all of the information available.

- For more information, visit www.isbe.net/pages/school-health-issues.aspx.

State of Illinois
Illinois Department of Public Health

PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten and the second, sixth and ninth grades of any public, private or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that need attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

To be completed by the parent or guardian (please print):

Student's Name: Last	First	Middle	Birth Date: (Month/Day/Year)
Address: Street	City		ZIP Code
Name of School:	ZIP Code	Grade Level:	Gender: ☐ Male ☐ Female
Parent or Guardian: Last Name	First Name		

Student's Race/Ethnicity:

☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ Asian
☐ Native American ☐ Native Hawaiian/Pacific Islander ☐ Multi-racial ☐ Unknown
☐ Other_____

To be completed by dentist:

Date of Most Recent Examination:_____ (Check all services provided at this examination date)

☐ Dental Cleaning ☐ Sealant ☐ Fluoride treatment ☐ Restoration of teeth due to caries

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present on Permanent Molars**

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

Treatment Needs (check all that apply). For Head Start Agencies, please also list appointment date or date of most recent treatment completion date.

☐ **Restorative Care** — amalgams, composites, crowns, etc. Appointment Date:_____
☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis Appointment Date:_____
☐ **Pediatric Dentist Referral Recommended** Treatment Completion Date:_____

Additional comments: _____

Signature of Dentist _____ License #:_____ Date:_____

Illinois Department of Public Health, Division of Oral Health
217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.dph.illinois.gov

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