

School Nurse Assessment

School Nurse _____
School Name _____ School District _____
Student name _____
Age _____ Grade _____ Teacher _____

This child was selected due to the following criteria:

Please check all that apply.

- History of dental pain or problems
- Has visible dental disease
- Has never been seen by a dentist
- Has no dental insurance or Medicaid benefits and limited finances for health care.

Parent speaks English:			
Mother	Yes	No	Unsure
Father	Yes	No	Unsure
If both "No", family has translator available?			
	Yes	No	Unsure
Translator Name	_____		
Relationship to child	_____		

What is your opinion on the child's cooperation level in a dental office setting? Please check only one.

- Cooperative, tends to adapt to most situations favorably
- Cooperative but cautious, might be slightly nervous but should allow treatment with tender care.
- Cooperation is questionable, tends to be very nervous and apprehensive, dental treatment may be challenging

Other comments: _____

