Thank you for taking the time to complete this data form!

On the following 2 worksheets, you will be asked to provide information about your school dental sealant program and the specific schools that your program served during the 2016-17 school year. Please complete both sheets to the best of your ability. This is a requirement to renew your certification status.

If you have any questions or comments, please contact Amy Umphlett at (971) 673-1564 or amy.m.umphlett@state.or.us.

Click the tabs below to access the other pages

DRAFT

Name of School Dental Sealant Program:	
What is your program's average retention rate? *The national recommendation for school dental sealant programs is an average of 80-90% retention at one year.*	
Do you measure the amount of time kids are out of the classroom? Please explain.	

This worksheet will give you a chance to tell us a little about your program as a whole.

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This worksheet will give you a chance to provide us with some data for each school that your organization served during the 2016-17 school year. Please provide each school's information on a separate row.

School Name	County	Percentage of children who returned a parental permission form (yes and no forms)	Percentage of children who returned a parental permission form allowing them to be screened	Number of children screened	Number of children who received dental sealants	Number of dental sealants placed	Number of children receiving fluoride varnish once a year	Number of children receiving fluoride varnish two times a year or more	Number of children receiving limited education	Number of children receiving hands-on education	Number of children referred for early care	Number of children referred for urgent care	Do you request feedback from schools on your dental sealant program?