School Total Tally - Submit to State
www.kdheks.gov/ohi

School _____ Date _____

Address _____ Phone _____

Screeners _____ District # _____ County _____

	Existing:						**Treatment Needs:**				
	Untreated Decay		Treated Decay		Sealants Present		Code 1	Code 2	Code 3	Code 4	
Grade	yes = 1	no = 2	yes = 1	no = 2	yes = 1	no = 2	No decay/ problems	Sealants needed	DDS exam suggested	URGENT care needs	Comments
Early Pre K											
Pre-K											
K											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
Total											