

Section 3: Paper Collection Forms



EVENT¹ DATA COLLECTION FORM

State: _____ Program: _____

Event Date(s): _____ School: _____

Consent Forms Distributed: _____

Labor

	Dentist	Hygienist	Assistant	Other
Total hours at school ²				
Total hours travelling to and from school ³				
Total miles travelling to and from school ³				

Vehicles

Number owned/operated by SSP driven to event	
Total miles driven per vehicle for event	

Services delivered *(Only complete if your program will not input child-level data into SEALS)*

Number of children screened	
Number of children receiving sealants	
Number of teeth sealed	
Number of children receiving fluoride varnish	
Number of children receiving prophylaxis ⁴	

¹ A sealant event is defined as serving the same school for consecutive days.

² If SSP uses reusable instruments, hours spent sterilizing instruments offsite should be included in school hours.

³ Only complete if your SSP reimburses workers for this item.

⁴ Delivered with low-speed hand piece or power scaling.

DETAILED CHILD-LEVEL DATA COLLECTION FORM (COMPLETE ONE FORM PER CHILD)

Program Name: _____ Event (School/dates): _____
 Patient Name: First: _____ Last: _____ Age: _____ (4 to 18 years)
 ID¹ #: _____ Date: _____ Grade: _____
 Insurance: _____

1. Screening

Chart for program use (**D** = decayed, **F** = filled, **M** = missing due to disease, **S** = sealant present, **PS** = prescribe sealant, **RS** = recommend reseat, **no mark** = no treatment recommended)

1	2	3	4	5	12	13	14	15	16	Sealant Prescriber's Signature/Date

										Fluoride Prescriber's Signature/Date

32	31	30	29	28	21	20	19	18	17	

Comments: _____

Data for SEALS

Sealants Present: No/Yes	Untreated Decay: No/Yes	Treated Decay: No/Yes	Referral: None Not urgent Urgent	Number of decayed/filled 1st molars: (0 - 4) = _____
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¹ Each child's ID # must be unique for that event; do not use duplicate ID #'s at any one event.

2. Preventive Services

Chart for program use (Mark with an "S" the teeth where sealants were placed)

1	2	3	4	5	12	13	14	15	16	Provider's signature
32	31	30	29	28	21	20	19	18	17	

Comments:

Data for SEALS

Number of 1 st molars sealed: (0 - 8) = _____	Number of 2 nd molars sealed: (0 - 4) = _____	Number of other permanent teeth sealed: (0 - 8) = _____
Number of primary teeth sealed: (0 - 8) = _____	Fluoride varnish provided: No/Yes	Prophylaxes provided: No/Yes

3. Follow-Up

Chart for program use (Mark with an "R" teeth where sealants were retained)

1	2	3	4	5	12	13	14	15	16	Evaluator's Signature
32	31	30	29	28	21	20	19	18	17	

Comments:

Data for SEALS

Number of teeth with a retained sealant	
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