

## Consent Form & Parent Questionnaire Smiles Across Kansas 3<sup>rd</sup> Grade Oral Health Assessment

Please complete this form and return to your child's teacher tomorrow. Thank you.

|   |                   |
|---|-------------------|
| Child's Name _____  | Child's Age _____ |
| <input type="checkbox"/> Yes, I give permission for my child to participate in the oral health screening.       |                   |
| <input type="checkbox"/> No, I do not give permission for my child to participate in the oral health screening. |                   |
| Signature of Parent or Guardian _____   | Date _____        |

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Please answer the next questions to help us learn more about access to dental care even if you choose not to participate in the oral health screening and return to your child's teacher.

1. About how long has it been since your child last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as, dental hygienists. (check one)
  - 6 months or less
  - More than 6 months, but not more than 1 year ago
  - More than 1 year ago, but not more than 3 years ago
  - More than 3 years ago
  - Never has been to the dentist
  
2. What was the main reason that your child last visited a dentist? (check one)
  - Went in on own for check-up, examination or cleaning
  - Was called in by the dentist for check-up, examination or cleaning
  - Something was wrong, bothering or hurting
  - Went for treatment of a condition that dentist discovered at earlier check-up or examination
  - Other
  
3. During the past 12 months, was there a time when your child needed dental care but could not get it?
  - No (Go to Question 5)
  - Yes (Go to Question 4)
  
4. The last time your child could not get the dental care he/she needed, what was the **main reason** he/she could not get care? (check one)
  - Could not afford it
  - Health of another family member
  - Not a serious enough problem
  - No insurance
  - Difficulty in getting appointment
  - Dentist hours are not convenient
  - No way to get there
  - Wait is too long in clinic/office
  - Speak a different language
  - Didn't know where to go
  - Dentist did not take Medicaid/insurance
  - No dentist available
  - Don't like/trust/believe in dentists
  - other reason \_\_\_\_\_
  
5. Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include insurance obtained through employment or purchased directly, as well as government programs like Medicaid.

- No             Yes
6. Is your Child Hispanic or Latino?  
 No             Yes
7. Which of the following best describes your child? (check all that apply)
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> White                         | <input type="checkbox"/> Asian                            | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |   |
8. Is your child eligible for the free or reduced price lunch program?  
 No             Yes

**Thank you for your participation in “Smiles Across Kansas”!**

Site code Screener: \_\_\_\_\_ ID: \_\_\_\_\_

