

**CRANSTON PUBLIC SCHOOLS**  
**845 Park Avenue**  
**Cranston, Rhode Island 02910**

**DENTAL HEALTH PROGRAM**

Title 16, Chapter 21, General Law 1956, states that all children from KINDERGARTEN through GRADES FIVE shall be given a DENTAL SCREENING, preferably by the family dentist at least annually. Thereafter, every student shall be screened at least once at the secondary level.

If your child has been examined within the last six months, please ask your dentist to record the results of the evaluation on this form below.

When completed, detach the form below and return it to your child's school. Otherwise, your child will be examined by the school dentist. Thank you very much for your cooperation.

H-4a rev. 2009

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**RHODE ISLAND DEPARTMENT OF EDUCATION**

**REPORT OF SCHOOL DENTAL EXAMINATION**

This is to certify that I have examined the teeth of \_\_\_\_\_  
Name

\_\_\_\_\_

School	Grade	Room#
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No dental treatment is necessary

Treatment is in progress

Treatment completed

Further recommendations or comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Family Dentist

**PLEASE RETURN THIS FORM TO THE TEACHER WITHIN 60 DAYS OR BEFORE** \_\_\_\_\_

Date