

Instructions for Dental Screening

BEFORE THE SCREENING:

- o You have: 1) this reference guide 2) a screening schedule with your screening time 3) a stack of “opt out” notices for dental screening.
- o **PLEASE ALERT US (879-6228) IF YOUR SCREENING TIME DOES NOT WORK FOR YOU.**
- o We request that you send each child home with an “opt out” notice a few days before your screening date.
- o **The “opt out” notices need to be returned ONLY by parents who DO NOT want their child screened.**
- o **Keep the notices and bring them to the screening** so that you know who to keep out of line when we screen your class.

AT THE TIME OF THE SCREENING:

Your screening is on _____ and will be in _____

Thank you for being **on time** to the screening. It helps us stay on schedule!

- o You will need to bring your class to the screening location at the time published on your screening schedule.
- o **PLEASE HAVE YOUR CHILDREN IN ALPABETICAL ORDER. WE NEED YOUR HELP TO IDENTIFY YOUR CHILDREN BY NAME AS WE SCREEN THEM. SO PLEASE COME TO THE FRONT OF THE SCREENING LINE.**
- o Please make sure the students that brought back their dental screening “opt out” notices are not screened.
- o Read the front of your **green folder** for instructions that explains the forms your students will receive and what to do with them.

AFTER THE SCREENING:

- o **EXTRA CONSENT FORMS WILL BE AVAILABLE IN YOUR FOLDER.**
 - o **Please refer to the instructions on the outside of the folder.**
 - o The dental team would like to especially thank teachers who are able to collect **100%** of their classroom’s consent forms **by noon on the FIRST pick-up date.** Return your forms on time and you will receive a **Teacher’s Heaven gift certificate** after clinic. Unfortunately we cannot provide certificates unless all forms are turned in **on the FIRST pick-up date.**
- *We will make every attempt to give each school at least two weeks notice of the opening of our clinic on your campus*

THANK YOU VERY MUCH FOR YOUR HELP!!

For more information visit <http://sdchf.org/dental.htm> or call 879-6240