



SEALS Child-Level Data Collection Form

1. Program Name: _____ 2. Event/Site Name: _____
 3. Patient Name: First _____ Last _____
 4. ID #: _____ *Each child's ID # must be unique for that event; do not use duplicate ID #'s at any one event.
 5. Sex: _____ (0 = Male, 1 = Female) 6. Grade: _____ (0 = Kindergarten) 7. DOB _____ 8. Age: _____
 9. Race/ethnicity (Check all that apply): ___ White ___ Black/African American ___ Asian ___ Hispanic
 ___ American Indian/Alaska Native ___ Native Hawaiian/Pacific Islander ___ Other
 10. Special health care needs: _____ (0 = No, 1 = Yes) 11. Medicaid/SCHIP status _____ (0=Medicaid, 1=SCHIP, 2=neither, 99=unknown)

I. Screening – **D** = decay, **F** = filled, **M** = missing, **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 _____
32	31	30	29	28	21	20	19	18	17	
										Fluoride Prescriber's Signature _____ Date _____

Comments: _____

12. Untreated Cavities: 0 = No untreated cavities 1 = Untreated cavities present	13. Caries Experience: 0 = No caries experience 1 = Caries experience	14. Sealants Present: 0 = No sealants 1 = Sealants present
15. Treatment Urgency: 0 = No obvious problem 1 = Early dental care 2 = Urgent care	16. Referred for treatment: 0 = No 1 = Yes	17. Decayed or filled teeth: a. 1 st molars b. 2 nd molars <input type="text"/> <input type="text"/>

II. Preventive Services - Mark the teeth where sealants were placed with an **S**.

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

Comments: _____

18. Number of teeth sealed among: a. 1 st molars b. 2 nd molars c. other <input type="text"/> <input type="text"/> <input type="text"/>	19. Fluoride treatment received: 0 = none 1 = varnish 2 = gel/foam/rinse
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III. Follow-Up - Mark teeth where sealants were retained with an **R**.

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

Comments: _____

20. Number of teeth retaining a program sealant:	21. Subsequent visit for restorative treatment: 0 = No 1 = Yes 99 = Unknown, no follow-up performed by program
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