

Dear Parent/Guardian:

Your child’s school has been chosen to take part in the Pennsylvania *Smile Survey*, which will be focused on third grade children in our state. The purpose of the *Smile Survey* is to gather information on the dental health needs of children throughout Pennsylvania. This will allow us to create a plan to improve dental care for all of Pennsylvania’s children.

If you choose to let your child participate, a dental hygienist will perform a one-minute “smile check” using only a plastic mouth mirror. Dental gloves will be worn, and we will use a new, disposable mirror for each child. Results of your child’s assessment will be kept confidential, and your child will not be named in any *Smile Survey* report. This survey screening is **not** related to the required screenings that PA requires in grades K, 1, 3 and 7.

As a token of appreciation, your child will receive a toothbrush and a sticker. We will also send home a letter to let you know if we find any dental problems. This screening, however, does not take the place of regular dental check-ups by your family dentist. By surveying all the third grade children in selected schools, we will have a better understanding of the dental health needs of children throughout Pennsylvania.

If you do not wish for your child to have this quick “smile check”, please check the NO box below and return the form to your child’s teacher tomorrow. If you want your child to have a “smile check” you do not need to return this form.

As you know, a healthy mouth is part of total health and wellness and makes a child more ready to learn. By letting your child take part in this dental screening, you will help contribute new information that may benefit all of Pennsylvania’s children. If you have any questions about the *Smile Survey*, please contact PA Coalition for Oral Health at (717) 340-4004 or info@paoralhealth.org.

Scan the QR code or visit www.paoralhealth.org/smile-survey to learn more about this project. The webpage includes answers to frequently asked questions, reports from the previous Smile Survey in 2021-22, and a quick demonstration of the smile check.



Smile Survey

If you do not want your child to have a dental screening, please check the NO box, sign, and return to your child’s teacher on the next school day.

Child’s Name: _____

Child’s Teacher: _____

_____ NO, I do not want my child to receive a dental screening

Signature: _____ Date: _____