

Kindergarten Oral Health Assessment (KOHA) School Summary Tool

Complete and submit form to your district office by **June 15**.

School Name: _____

School Year: _____

Name of person completing form: _____

Phone number: _____

Email: _____

Number of kindergarteners enrolled:

Number of students who submitted a KOHA form:
(Include all collected forms with Section 2/ Assessment or Section 3/Waiver filled out)

Number of first graders enrolled: (If his/her first year in public school)

Number of students who **DID NOT** submit a KOHA Form:

**From the collected KOHA forms, compile the total number of students who had an assessment and reported the following:
(Section 2 of the KOHA Form)**

Yes for Caries Experience:	<input type="text"/>
Yes for Visible Decay Present:	<input type="text"/>
No Obvious Problem:	<input type="text"/>
Early Dental Care Recommended:	<input type="text"/>
Urgent Care Needed:	<input type="text"/>

**From the collected KOHA forms, compile the total number of students who have a signed waiver and gave the following reasons:
(Section 3 of the KOHA Form)**

Unable to find a dental office that will take my child's dental insurance:	<input type="text"/>
I cannot afford a dental check-up for my child:	<input type="text"/>
I do not want my child to receive an oral health screening:	<input type="text"/>
Other reasons my child could not get an oral health screening:	<input type="text"/>
No reason provided:	<input type="text"/>

For questions, please contact your district office .