

**POMONA UNIFIED SCHOOL DISTRICT  
HEALTH SERVICES & PROGRAMS**

**ORAL HEALTH ASSESSMENT DISTRICT REPORTING**

Fiscal Year: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Title: \_\_\_\_\_

<b>TOTAL</b>	
The total number of pupils in the district, by school, who are subject to the oral health assessment requirement (i.e., the number of kindergarten students plus the number of first grade students who did not attend public school kindergarten. (CBEDS)	
The total number of pupils who present proof of an assessment.	
The total number of pupils who could not complete an assessment due to financial burden.	
The total number of pupils who could not complete an assessment due to lack of access to a licensed dentist or other licensed or registered dental health professional.	
The total number of pupils who could not complete an assessment because their parents or legal guardians did not consent to their child receiving the assessment.	
The total number of pupils who are assessed and found to have untreated decay.	
The total number of pupils who did not return either the assessment form or the waiver request to the school.	