

# Optional Parent Questionnaire

**Schools please note: This form is for SAMPLE USE ONLY and requires individual administrative and legal review by school personnel to ensure compliance with all applicable laws, regulations, school policies, and local requirements. IDOH will provide a modifiable version of this form upon receipt of an email confirming school review and approval from a school attorney or administrative leader .**

Dear Parent:

Please complete this form and return it to your child's teacher by \_\_\_\_\_. Your answers will help the IDOH oral health department improve the oral health of children throughout the State of Indiana. ***These questions are optional.*** If you do not want to answer the questions, your child may still receive a basic oral health screening.

1. How would you describe the condition of your child's teeth ?

Excellent      Very Good      Good      Fair      Poor

2. During the past 12 months, did your child complain of discomfort or tooth pain?

No                  Yes                  Don't know

3. During the past 12 months, did your child visit a dentist?

No                  Yes                  Don't know

4. During the past 12 months, was there any time when your child NEEDED dental care but didn't get it because you couldn't afford it?/couldn't find a dentist?

No                  Yes                  Don't know

5. Do you have dental insurance?

No                  Yes                  Don't know

6. How do you describe your child's ethnicity?

Hispanic or Latino      Not Hispanic or Latino      Prefer not to answer

7. Regardless of your answer to the prior question on your child's ethnicity, how do you describe your child's race?

American Indian/Alaska Native      Asian      Black or African American  
Native Hawaiian or other Pacific Islander      White      Prefer not to answer

8. Is your child eligible for the free or reduced-price school lunch program?

No                  Yes                  Don't know                  Prefer not to answer



**THANK YOU FOR YOUR PARTICIPATION**

Developed & Designed by McMillen Health