



STATE OF WASHINGTON  
**DEPARTMENT OF HEALTH**  
**PREVENTION AND COMMUNITY HEALTH**  
*Olympia, Washington 98504-7880*

Dear Parent/Guardian:

Your child's class has been chosen to take part in the Washington Department of Health's 2023 Smile Survey. We would like to know about the oral health of children that visit a dentist regularly. We want to know about children that do not visit as often too.

If you choose to let your child show us their teeth, a dentist or dental hygienist will perform a one-minute "smile check" using only a mouth mirror. Dental gloves and masks will be worn, and a brand-new disposable mirror will be used for each child. The state's department of education (OSPI) will provide child demographic information. No names will be recorded, and the data will not identify your child. Results of your child's visual check will remain confidential, and your child will not be named in any report.

Your child will receive a toothbrush and sticker. We will also send home a letter to let you know if we see any dental problems. This simple check, however, does not take the place of regular dental check-ups by your family dentist.

**If we may look at your child's teeth, do nothing. You do not need to return this form.**

If you do not wish for your child to have this very quick "smile check," please check the NO box below and return the form to your child's teacher tomorrow.

As you may know, a healthy mouth is part of total health and wellness. Good oral health helps your child express his or her feelings through speech and smiles. By allowing your child to have this tooth check, we will use the information to benefit all of Washington's children. If you have any questions about Smile Survey 2023, please contact your school.

Sincerely,

Shelley Guinn, RDH, MPH  
Washington State Department of Health

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Smile Survey 2023

***If you do not want your child to have a quick smile check, please check NO, sign, and return to your child's teacher tomorrow.***

Child's name: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_

\_\_\_\_ **NO**, I do not want my child to receive a smile check

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date