



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

Dear Parent/Guardian:

To learn how our state is doing with children's oral health policies, your child's class has been chosen to be part of the Washington Department of Health's 2023 Smile Survey. We want 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 you will allow your child to have this very quick "smile check," please check the YES box below, sign, and return the form to your child's teacher.

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. If you would allow 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: To allow your child to have a quick smile check, please check YES, sign, and return to your child's teacher tomorrow.***

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

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

\_\_\_\_ **YES**, I will allow my child to receive a free smile check

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

\_\_\_\_\_  
Date