**The information in brackets are reminders or for you to personalize as needed.**

**Your Coordinator may have already scheduled the date and/or gathered the necessary information on enrollment numbers, finalized selected classrooms, and notified them regarding the need for the SSID numbers/class rosters. *If not, Screeners need to guide schools in this process.***

Dear [Main School Contact],

Hello, my name is [Screener name/credentials] and I am one of the Washington State Smile Survey Screeners. Thank you, [Coordinator] for connecting us!

The survey will only take me 1 day to complete, and I’m available to visit on the following days: **[Screener:** Please review the school calendar found on their website and offer a minimum of 2 date choices that are not late start mornings, early release days or no school days.]

**Do any of the following dates work for your school schedule?**

[Or if the date has already been decided: I am looking forward to visiting your school on (**day/date**).]

**[Screener: if not already completed by the Coordinator, ask enrollment numbers/classrooms]**

To help us finalize the number of participating classrooms I’d like to confirm with you:

* **What are your total enrollment numbers for 2nd and 3rd grades?**
* **How many classrooms total in each grade?**
* **And what are the enrollment numbers for each of those classes?**

[**Screener:** Remember for larger schools when we are not inviting all their classes to participate, classes need to be *randomly selected*. **Recommended method:** select classes alphabetically by the first letter of teachers’ last name.]

Other screening day details:

Visit [SmileSurveyWA.org](https://smilesurveywa.org/consent-forms/) to download and print the passive consent forms. Please send them home about 1-week ahead of time to notify families their student’s class was selected to participate in the survey.

The morning of my visit, I will pick up any consents that have been returned. Plus, I will also need **printed rosters for the participating classes that include the students’ first/last names and their 10-digit (OSPI) state student ID number (SSID#).** The students' information will be kept confidential and only their SSID#, which is non-identifiable, will be entered into the survey. The rosters and any returned consents will be left at the school at the end of the day.

At the end of the screening day, **each student seen will receive a results letter and all children in the selected classrooms will receive an oral health kit.**  Plus, after my visit is complete, be on the lookout for a shipment addressed to the Principal of a thank you gift with a Dental Presentation Puppet and some books on oral health for staff to use with your students.

I look forward to working with you and helping your school and students participate in the survey! The data that is collected helps plan for future oral health programs and services for the children in our state.

Thank you in advance for your assistance and support.

Sincerely,

(Name) 2023 Washington State Smile Survey Screener