**Clinical Participation of HRSA Trainees Children's Oral Health**

**Evaluation Sheet**

*One patient per evaluation sheet*

Trainee's Name:

School (Medicine, Nursing, Dentistry, Dental Hygiene):

School Year (e.g. M3, DH2, etc.):

Date:

*PLEASE CHECK BOX IF THE TASK IS COMPLETED*

1. Assessment of Oral Cavity 
2. Caries Risks Assessment and Anticipatory Guidance 
3. Topical Fluoride Application 
4. Follow-­‐Up Plan 

Comments:

Instructor's Signature Date

**To TRAINEES: Please return this form and Trainee's Note to Dr. Brent Lin** **(linb@dentistry.ucsf.edu** **or Room D1008) or Wilson Cruz in the HRSA Office** **(Wilson.Cruz@ucsf.edu** **or Room D1021) for the required course credits.**

*Created by Brent Lin, DMD, University of California, San Francisco*