



# Share Your Story 2015

I am a: School-Based Health Center:

Student \_\_\_\_\_

Parent Location: \_\_\_\_\_

Teacher \_\_\_\_\_

What services did you receive from the school-based health center? (circle one)

Teeth Cleaning       Sealants       Fluoride treatment

Other describe: \_\_\_\_\_

\_\_\_\_\_

How did the dental health services at your school-based health center help you?

\_\_\_\_\_

Why did you choose to use your school-based health center?

\_\_\_\_\_

My story about the School Based Health Center:

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