Share Your Story About Your School Dental Program

I am a:

__ Student

__ Parent

School-Based Health Center:

_____

Location:

_____

Date:

_____

What services did you receive from the school-based health center dental program? (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 get dental care in your school–based program?

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My story about the School Based Health Center:

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Send completed form to Assistant@ctschoolhealth.org or mail to P.O Box 771 North Haven, CT 06473