Office for Health Improvement & Disparities

NHS

Date: October 2026

Dear Parent or Guardian of children in

Dental screening, training and standardisation exercise for the national dental survey of schoolchildren at

Please will you help us to plan better dental services? To do this we look at the teeth of groups of children so we can compare dental health in different parts of England. Experienced dental clinicians in England will be involved in this work and before they examine children in their own districts, it is necessary for them to undertake a training and standardisation exercise. Your head teacher has kindly agreed to help us with this exercise.

The dental screenings will take place on: 19th November 2026.

This screening is used to select children to take part in the dental survey training and standardisation exercise. The screening is a quick look in your child's mouth. It is valuable as some children are discovered to have early signs of tooth decay of which parents are unaware. The clinician will use fresh disposable gloves, a face mask and a sterilised mirror. We would be pleased to see you at the school if you would like to be present.

The screening does not interfere with or replace any arrangement that you may have with your dentist.

You should continue with regular check-ups for your child at your own dentist. We will inform you by letter if the clinician suggests that your child would benefit from a more detailed examination.

The clinician conducting the screening will be

As a result of the dental screening several children will be selected to participate in the training and standardisation exercise.

The training and standardisation exercise will take place on: 26th November

The dental teams participating in the training are experienced clinicians and will look at your child's teeth with a sterile mirror and light and will wear fresh disposable gloves and a face mask. No treatment will take place. Your child will need to be available for about an

hour but will only spend a short amount of time actually having their teeth examined by each clinician. Children seem to enjoy taking part in these training exercises.

Please give your agreement to your child taking part in this year's dental screening and training and standardisation exercise by signing the attached form and returning it to school. The information about your child's teeth is anonymous; the coded information will be stored in a computer file for a short time which will be password protected and only dental staff will have access to it.

Yours faithfully,

Sheryl Cunliffe

Dental Officer

Agreement to participate form

I have read the information sheet about the dental screening and training survey.

My child's full name is (insert name) .....

Class ..... Date of birth: / /

Yes, I agree to my child taking part in the dental screening and training survey

Signed..... (Parent or Person with parental responsibility)

Date .....

Name (BLOCK CAPITALS) .....

Please return this form to the school within 7 days