Oral Health Self Management Goals for Parents/Caregivers

Patient Name: __

Today's Date: _____



Important: The last thing that touches your child's teeth before bedtime is the toothbrush.

Self Management Goals:	1										
	2										
On a scale of 1-10, how confident are you that you can accomplish these goals? 1		1	2	3	4	5	6	7	8	9	10
Parent/Caregiver Signatur	e:										
Practitioner Signature											

Adapted from Cavity Free at Three (http://cavityfreeatthree.org)



