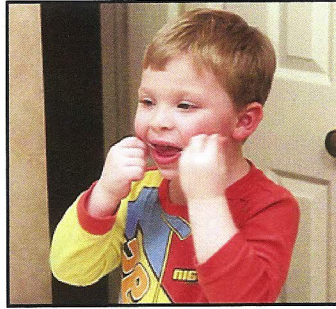


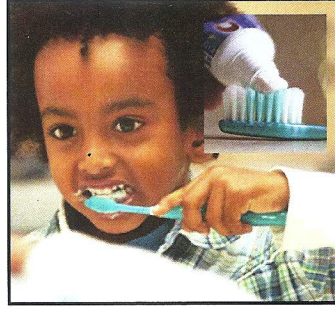
Self Management Goals for Parent/Caregiver



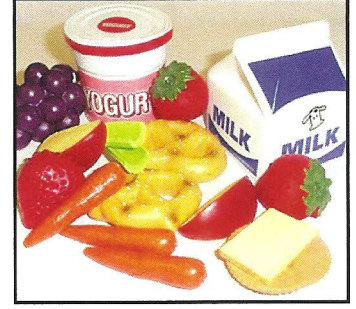
Regular dental visits for child



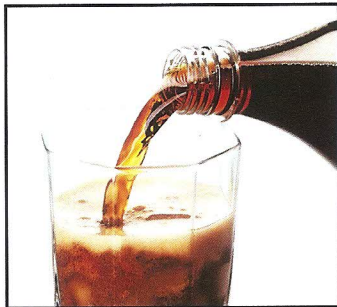
Floss Daily



Brush with Fluoride toothpaste at least 2 times a day



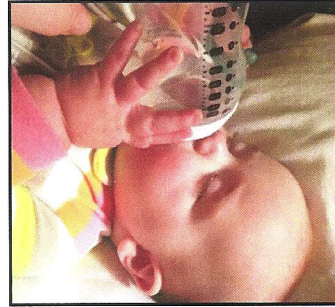
Limit snacks to 2 times a day



No soda



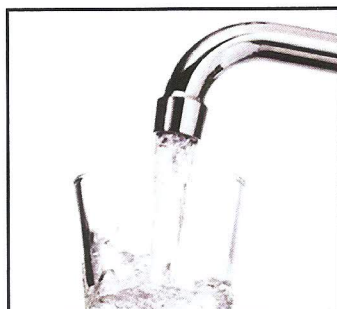
Limit juice to once a day with meals only



Water only to sleep



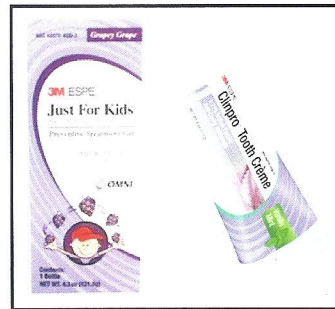
No gummy or sticky snacks



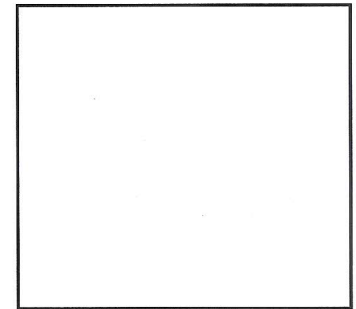
Only water between meals



Limit sweets to once a day



Use topical fluoride



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

Self-Management Goals 1.) _____
2.) _____

On a scale of 1-10, how confident are you that you can accomplish the goals? 1 2 3 4 5 6 7 8 9 10
(1 not confident and 10 very confident)

Schedule fluoride treatment (varnish) 1 month 2 months 3 months at next hygiene visit (recall)

Signature _____ Date ___/___/___

Provider Signature _____ Date ___/___/___

