

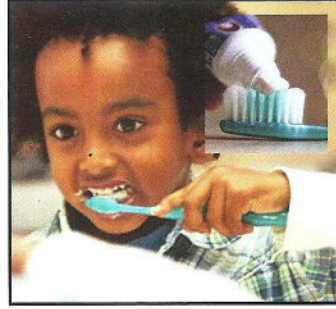
# Self Management Goals for Parent/Caregiver



Regular dental visits for child



Floss Daily



Brush with Fluoride toothpaste at least 2 times a day



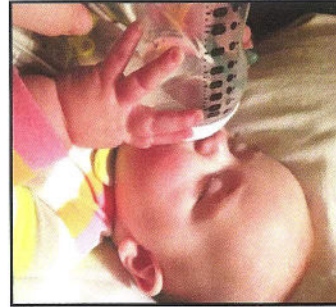
Limit snacks to 2 times a day



No soda



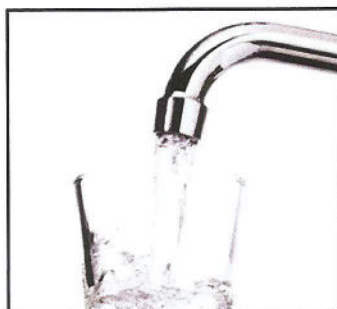
Limit juice to once a day with meals only



Water only to sleep



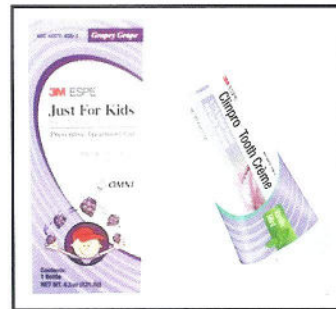
No gummy or sticky snacks



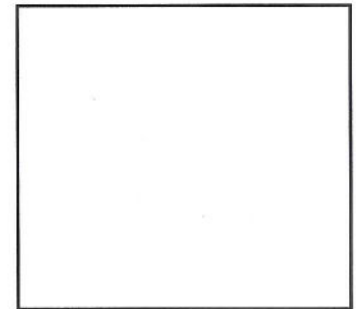
Only water between meals



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 \_\_\_/\_\_\_/\_\_\_

