PSP ONLINE SCREENING FORM INSTRUCTIONS
WEBSITE: https://psp.health.mo.gov/forms

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
Office of Dental Health

Go to website listed above using a smart device or laptop or scan QR code. If using a smart device such as a cell phone or tablet, questions can be answered by touching on or near the bubble. If using a laptop click bubble by using your mouse to highlight answer. **(Use a finger not gloved for data entry on device.)**

- On the website, look for *PSP Online Screening Form* and click to open*.
- *Screening Date* - Select today or click on calendar icon to input screening date or manually enter MM-DD-YYYY.
- *Select County* if you are a **Public School.** (If you are unsure of the county, please ask the event coordinator). In the next section **School or Event of Screening,** a list of schools will appear by *school name and school district in alphabetical order.* Click on the school name.
- *Select Non-Public School Location* if you are a Private School, Pre-Preschool or Daycare Center. In the next section *School or Event of Screening*, a list will appear in alphabetical order. Click on the location name.
- *Select Head Start Center* if you are a head start center. In the next section *School or Event of Screening*, a list of Head Start Centers will appear in alphabetical order by grantee acronym or name.
- *Name of Screener- please enter full name.*
- *Screener- select profession from the 5 options.*
- Click- *Submit* after completing the first page, this page will re-populate for each screening at this site unless you close it out.
- If you would like to see example images of the 3 treatment urgencies, please click- *'Yes'*.
- *Question 1:* Sex - (at birth) - Select one of the two options.
- *Question 2: Race - Select all that apply*. Refer to parental consent form child should have with them.
- *Question 3: Ethnicity - Select either*- Hispanic or Non- Hispanic. Refer to parental consent form child should have with them.
- *Question 4: Age - Select number. Refer* to parental consent form child should have with them or ask child being screened their age.
- *Question 5: Grade - Select -* Refer to parental consent form child should have with them or ask child being screened their grade.
- *Questions: 6, 7, 8, 9, 10 -* make your selection based on your findings.
- After all questions have been answered hit the *"Submit"* button. If a question was not answered, it will be highlighted to alert you to answer the questions. All questions must be answered to submit.
- *Question 11*: Be sure to complete the *Oral Results* bottom portion of the consent form *for ALL children being screened.* Give to school nurse or PSP coordinator so they can alert the parents/caregivers of oral screening findings selected.
- **Question 11: If no Oral Results form is available**, be sure to record child's name on a piece of paper for all *Early Dental Care* and *Urgent Care* findings and give to school nurse/PSP coordinator to ensure parents/caregivers are informed of oral screening findings.
- To enter another child's data, click on the **'Add another individual's screening record'**.
- A new survey form will populate after you hit the submit button. The date, county and school name will automatically populate for the next child being screened.
- Once you have completed screenings at a school it is *IMPORTANT TO CLOSE THE LINK ON YOUR PHONE OR TABLET.* Closing out the link clears the previous schools information.
- *Select - 'Close survey'*.
- If you conduct screenings at a different school/location, opening a new online screening form link allows you to *select a new date, county and school* at your next screening location.