

**NORWELL PEDIATRIC DENTISTRY  
BEHAVIORAL ASSESMENT and CONSULTATION FORM:  
DENTAL READINESS CHECKLIST**

**PATIENT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

	<b>A</b>	<b>S</b>	<b>R</b>	<b>Comments</b>
<b>Chair Behavior:</b>				
1. Will stay in seat during instructions (average duration?)				
2. Will sit appropriately (i.e. sits still)				
3. Will voluntarily get into the dental chair				
<b>Language Development: Following Instructions</b>				
1. Understands verbal commands:				
a. One-step instruction (“Open wide”)				
b. Two step instruction (“Rinse and spit”)				
c. Three step instruction (“Pick a toothbrush, brush your teeth, then sit in the chair.”)				
2. Follows directions of novel/unfamiliar adults				
3. Able to communicate verbally				
<b>Visual Supports</b>				
1. Follows photographic activity schedule				
2. Understands reward system (what is the reward?)				
3. Understands and responds to timer				
<b>Oral Hygiene</b>				
1. Allows parents to brush teeth				
2. Allows parents to floss teeth				
3. Tolerates toothpaste				
4. Tolerates spinbrush				
5. Able to rinse and spit				
6. Has a preferred toothpaste flavor				
<b>Environmental Considerations</b>				
1. Tolerates other patients in same room				
2. Requires “quiet room” – (i.e., a room where they are alone with the Dr. and/or hygienist)				
3. Benefits from weighted vest				
4. Successful visits to the doctors office				
5. Tolerates novel, unfamiliar auditory stimuli				

**A – Always      S – Sometimes      R- Rarely**