



# COVER SHEET

**COVER SHEET MUST BE INCLUDED WITH SCREENING FORMS FOR EACH PSP EVENT.**  
***Please complete all requested information to ensure proper tracking for PSP Reporting.***  
***Please place Cover Sheet on top of Screening Forms and place in envelope or box.***

\_\_\_\_\_  
Date of PSP Screening

\_\_\_\_\_  
Approximate Number of Children Screened at Site

\_\_\_\_\_  
County Where PSP Screening Was Located

\_\_\_\_\_  
Address of PSP Screening Site, City and Zip Code

\_\_\_\_\_  
Event Contact Person's Name and Phone Number

\_\_\_\_\_  
Event Contact Person's Email Address

**PSP Event Location: Select ONE of the three options below and complete the required information that best describes where your PSP event occurred.**

**1. Department of Elementary and Secondary Education (DESE) School (NO ABBREVIATIONS PLEASE)**

OFFICIAL DESE SCHOOL NAME: \_\_\_\_\_

OFFICIAL DESE SCHOOL DISTRICT NAME: \_\_\_\_\_

**2. Head Start (NO ABBREVIATIONS PLEASE)**

NAME OF HEAD START CENTER: \_\_\_\_\_

OFFICIAL ADMINISTRATIVE AGENCY SUBMITTING FORMS: \_\_\_\_\_

**3. Other**

OFFICIAL AGENCY NAME: \_\_\_\_\_

***Important Information - PLEASE READ - MAILING INSTRUCTIONS for PSP Screening Forms***

- Please use the postage paid manila envelope or box included with your supply order to return the forms.
- **Include this COVER SHEET with the screening forms** inside the envelope or box.
- Your mail carrier with the United States Postal Service will pick up the envelope or box with your regular outgoing mail.
- **Do not return blank screening forms or unopened fluoride varnish.**

**REQUIREMENT FOR ALL PSP EVENTS - "Submit Mandatory PSP Event Report"**  
online within a week of your completed event at: <https://psp.health.mo.gov/forms/>

***Thank you for your continued support of the oral health of Missouri's children!***