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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Individual session** | | | | | | | | | | |
| **Patient Group & Age** | **Child** | | **Adolescent** | | **Adult** | | | **Log sheet Number:** | | |
| **Range:** | **Prevention of caries** | **Prevention and control of periodontal disease** | | **Prevention of further non carious tooth surface loss** | | **Care of removable prostheses** | **Care of orthodontic appliances** | | **Oral disease conditions affecting the oral cavity** | **OH maintenance in relation to advanced restorative care** |
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| **Aim of the oral health intervention** |
|  |
| **Expected Outcomes of the oral health intervention** |
|  |
| **Objectives** |
| **By the end of the session and with further reinforcement and support, the individual will be able to:** |

|  |
| --- |
| **Describe how you will monitor and respond to individual needs during the session.** |
|  |
| **Describe how the session ensures a range of learning styles are used that are appropriate to the individual**  **(Visual, Aural, Read, Kinaesthetic)** |
|  |

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| --- | --- |
| **Date of Session** |  |
| **Location** |  |
| **Time available** |  |
| **(if child) Will others be in attendance – if so how many?** |  |

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| --- | --- | --- |
| **Introduction** | **Presentation** | **Demonstration** |
|  |  |  |
| **Observation/Practise** | **Question/Answers - Discussion** | **Feedback/ Summarising** |
|  |  |  |

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| **Time** | **Structure/Activity/**  **Delivery Method** | **Content**  **(objectives)** | **Resources/Materials Required** |
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