

SMILES FOR SENIORS

An oral health initiative of the Ohio Dental Association

PROGRAM PARTICIPANT EVALUATION

Name/Job Title: _____

Agency/Association: _____

What populations do you serve (e.g., homebound, home health agencies/professionals, caregivers senior centers, assisted living, etc.) _____

What services do you provide this population? _____

Date of program: _____

What type of program did you attend (check all that apply):

Inservice to health professionals, staff

Educational to caregivers

Educational to older adults

Other (describe) _____

Who presented the program to you (agency, healthcare professional, other? Please describe.)

Materials used in presentation (check all that apply):

Video

PowerPoint presentation

Fact Sheets

Has oral health for older adults been part of your efforts in the past? Yes No

If yes, in what way? _____

What was most helpful in this program? _____

What additional information could be added? _____

How will this information be used to improve the oral and overall health of semi-dependent and other older adults that you work directly with? _____

Will this information be incorporated in your ongoing efforts to serve older adults and/or their caregivers? Describe how. _____

Please remember, this program is not copyrighted. Duplication of all materials and information is encouraged, as is posting this information on your website.
Smiles For Seniors is a program of the Ohio Dental Association

Please fax to the Ohio Dental Association at 614 486-0381 or mail to 1370 Dublin Rd., Columbus, OH 43215.