

# SMILES FOR SENIORS

An oral health initiative of the Ohio Dental Association

## PROGRAM PRESENTER EVALUATION

Name/Title: \_\_\_\_\_

Agency/Association: \_\_\_\_\_

Who is served by your agency/association? \_\_\_\_\_

Date(s) presented: \_\_\_\_\_ Number in attendance: \_\_\_\_\_

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

- Inservice to health professionals, staff       Educational to caregivers  
 Educational to older adults       Other (describe) \_\_\_\_\_

Materials used in presentation (check all that apply):

- Video       PowerPoint presentation       Fact Sheets

Has oral health for older adults been part of your group's programs 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 health of semi-dependent and other older adults?

Will this information be incorporated in your agency/association's ongoing programs to serve older adults and/or their caregivers? Describe how. \_\_\_\_\_

Other comments: \_\_\_\_\_

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.