

Program Name:	Your Smile Matters		
Location:	CMT		
Instructor:	Bobby		
Participant Name		Date:	

My Personal Goal for this Program Is:

Please answer the questions below so you and Community Matters understand what you have learned.

Self-Evaluation Questions	Rating Scale 1- 7						
	Do Not Agree						Strongly Agree
In general, I am satisfied with the health of my teeth or mouth	1	2	3	4	5	6	7
I am aware of proper brushing technique and use of aids for oral hygiene.	1	2	3	4	5	6	7
I understand the importance of fluoride in caries prevention.	1	2	3	4	5	6	7
I have a good understanding of the symptoms of gum disease.	1	2	3	4	5	6	7
I know the risk factors for development of dental caries.	1	2	3	4	5	6	7
<i>Please answer this after the program:</i>							
I plan to take the Oral Health Information test.	1	2	3	4	5	6	7

COMMENTS: _____

Thanks for your feedback!