



“Dental Health in Long Term Care Facilities”
In-Service Training for Staff in Long Term Care Facilities

PRESENTER should complete this report and evaluation of the curriculum and resources. Completed evaluation can be faxed or mailed to:

PDHA Central Office
P.O. Box 606
Mechanicsburg, PA 17055
717-766-4452 FAX

Name: _____ **Component:** _____

Address: _____

Email: _____ **Phone:** _____

Date/Time of Presentation: _____

Name and Address of Facility: _____

Site Contact Person _____ **Phone:** _____

Number in Audience: _____ **Length of Presentation:** _____

Composition (Doctor, Nurse, Aide, etc.) _____

Audience seemed (circle one): Interested Somewhat Interested Bored

Curriculum was (check all that apply):

Too much information Accurate information Easy to understand

Not enough information Appropriate for Audience Well-organized
 Comprehensive Clear Objectives _____

Suggestions that will improve curriculum and resources:

Check all that apply:

- I think this is worthwhile project and hope it continues next year.
- I enjoyed being the presenter and would do it again.
- I had a disappointing experience but would try it again.
- I would never do this again.
- I would like to be involved in planning PDHA Public Health Events.

Comments: _____
