

Evaluation of Teacher's Resource Manual for Oral Health

Your feedback is very valuable to us as we will update this manual periodically.

Name of School: _____ Date: _____
 Teacher: _____ Grade: _____
 Public Health Nurse _____ # of _____
 _____ Students _____

Please complete an evaluation form for each lesson given and indicate which Grade level and lesson taught.

Grade level: _____ Lesson #: _____ Lesson Title: _____

Please rate each of the following sections of the manual (rating 1 as poor and 5 as excellent) and make comments in the space provided.

Introduction	Rating Poor \longrightarrow Excellent	Comments
Background Information	1 2 3 4 5	
Curriculum Charts	1 2 3 4 5	
Website References	1 2 3 4 5	
Lesson Sections	Rating Poor \longrightarrow Excellent	Comments
Met lesson objective	1 2 3 4 5	
Grade appropriate	1 2 3 4 5	
Materials	1 2 3 4 5	
Recommended lesson length	1 2 3 4 5	
Lesson Content	1 2 3 4 5	
Handouts	1 2 3 4 5	
Optional Activities/ Websites	1 2 3 4 5	

Please provide additional information on what you found most valuable and least valuable in the manual and what you would add or change.

Return to: Oral Health Education, Alberta Health Services-Calgary Zone
Email completed evaluation to: OralHealthEducation@albertahealthservices.ca

Evaluation of Teacher Resource Tool Kit for Oral Health

Thank you for completing this survey. Your feedback will help us maintain and improve this tool kit.
For your help, we'll send your class toothbrushes for your students!

Name of School: _____

Date: _____

Teacher: _____

Grade: _____

Number of Students: _____

Public Health Nurse: _____

Lesson(s) Taught:

Items Used:

I Liked:

I Would Change:

I would use this resource
again:

Yes ____ No ____

I will recommend this tool kit
to other teachers:

Yes ____ No ____

Comments



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