

# Tooth Tutor Project

## Evaluation by Presenter

Date:

School:

Grade level and Room #:

Name of classroom teacher:

Number of students:

Time of scheduled presentation:

Time of arrival at school:

Time of departure from school:

Please tell us about this experience. Use the back of this form if necessary or another piece of paper. Did you feel welcomed by the school and supported by the classroom teacher? Did the students focus on your presentation? Did the students ask questions? Please list some of the questions that they asked.

Did you have enough supplies? Is there anything that you would like to do differently?

Please tell us what went well for you and what did not go well for you.

Thank you for taking the time to complete this evaluation. What you share will help us to improve the Tooth Tutor program. Please return this evaluation to your Tooth Tutor coordinator.