

Evaluation of Teacher's Resource Manual for Oral Health

Your feedback is very valuable	to us a	IS W	e will u	pdate	this mar	nual periodically.	
Name of School: Teacher:						Date: Grade:	
Public Health Nurse						# of Students	
Please complete an evaluation	form fo	or ea	ach les	son gi	iven and	indicate which Grade level and lesson taught.	
Grade level: Les	son #:	_		[Lesson T	Title:	
Please rate each of the follow comments in the space provide		ctio	ns of	the m	anual (r	ating 1 as poor and 5 as excellent) and make	
Introduction	Rating Poor Excellent				callant	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 Excellent				ccellent	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.

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:	Grade:				
Number of Students:	Public Health Nurse:				
Lesson(s) Taught:	Items Used:				
I Liked:	I Would Change:				
	Comments				
I would use this reso again: Yes No I will recommend this to to other teachers Yes No	cool kit				
	Return to: Community Oral Health, Alberta Health Services-Calgary Zone Email completed evaluation to: OralHealthEducation@albertahealthservices.ca				