

Tooth Tutor Project

Classroom Teacher Evaluation

Date:

School:

Grade level and Room #:

Name of classroom teacher:

Number of students:

Time of scheduled presentation:

Was the Tooth Tutor on time to your classroom?

Please tell us about this experience. Use the back of this form if necessary or another piece of paper. Did you feel that the Tooth Tutor was well prepared? Did the students focus on the presentation? Did the students ask questions? Please list some of the questions that they asked.

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

Please tell us what your students remembered the next day after the Tooth Tutor presentation.

Tell us your overall impressions of this presentation.

Thank you for taking the time to complete this evaluation. What you share will help us to improve the Tooth Tutor program. Please use the enclosed envelope to return this evaluation and those from your students to your Tooth Tutor coordinator.