

## Healthy Smiles Consultant Evaluation Form

To determine the effectiveness of your child care health consultant's (CCHC's) consultation skills, your input would be greatly appreciated. Please provide your responses to the statements below. Also, please make any comments or suggestions to help the CCHC improve her or his performance and consultation skills.

Mark your choices by circling the corresponding number. Responses range from 4 (strongly agree), 3 (agree), 2 (disagree), 1 (strongly disagree), and N/A (not applicable). **Please complete this form and return it to the CCHC.**

Child Care Health Consultant's Name: \_\_\_\_\_

Healthy Smiles Consultation	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
The information provided by the CCHC was useful.	4	3	2	1	N/A
The materials provided by the CCHC were useful.	4	3	2	1	N/A
The CCHC provided specific examples of how we can improve our oral health program.	4	3	2	1	N/A
The CCHC included the child care facility staff during the consultation visit.	4	3	2	1	N/A
The CCHC was knowledgeable about the oral health issues discussed.	4	3	2	1	N/A
The CCHC referred me to resources for improving the child care facility's oral health program.	4	3	2	1	N/A
The CCHC was responsive to my questions.	4	3	2	1	N/A
Overall I was satisfied with the CCHC's oral health consultation.	4	3	2	1	N/A

What additional comments if any do you have about the consultation session that you would like the CCHC to know? (Please write your comments here and on back.) **Thank you.**