



Participant Evaluation

(Please attach a piece of paper if needed)

Name of Participant: _____

Name of Dentist: _____

Please describe the dental needs addressed: _____

What was the amount of time between submitting the application and receiving dental care?

Please circle one:

Over 1 year 9 months 6 months 3 months Under 1 month

Comments:

How far did you travel to see the dentist?

Please circle one:

Over 60 miles 60 miles 30 Miles 15 Miles Under 15 Miles

Comments:

Tell us about your experience with the dental staff:

Overall, how satisfied were you with the Smiles program?

Please circle one:

Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

Did the Smiles program meet your expectations? *(please explain)* _____

What could be improved about the program?

Participant Evaluation *cont.*



Please write a paragraph for the Success Story page on our website to help other women learn more about the program. Please include how you got involved in the program and how it has affected your life.