

## Baker Victory Healthcare Center School-Based Dental Program CHOMPERS!

Thank you for participating in the dental program. We want to provide the best care possible in a courteous and friendly atmosphere. Please let us know how well we are doing in meeting this goal by answering the following questions. Your answers do matter and each survey is reviewed by our Quality Improvement Department to ensure your thoughts are incorporated into our program.

Date: Name (optional):					
PLEASE RATE YOUR EXP CHECKING THE BEST I		Always	Sometimes	Never	N/A
The communication from our staff accurate	dental is clear and				
The dental staff are friendly and ac necessary	commodating when				
The dental staff are able to answer about the program	my questions				
The dental program fits comfortab workday, without major disturbance					
My students were willing to participa	te				
I would appreciate this program retur	ning to our school				
I try to promote the dental program to families	my students and				
Please provide your comments/sug	ggestion for improve	ement:			

PLEASE RETURN THIS TO THE SCHOOL NURSE IN 2 WEEK
TO BE ENTERED IN A DRAWING FOR A PRIZE