

CHOMPERS!
Bringing Dental Care To Kids



**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 EXPERIENCE BY CHECKING THE BEST RESPONSE	Always	Sometimes	Never	N/A
Enrolling my child in the program is easy				
Enrollment forms are clear and describe the services offered by program thoroughly				
I understand the recommendations on the form that my child brings home from school <i>AFTER</i> the visit				
I know how to contact the staff if I have questions				
The Case Coordinator contacting me to explain purpose and steps in referral process for my child is helpful				
I would prefer to see information on the school website about the dental program				
My child has participated in the dental program before				
I would enroll my child in this program again				

Please provide your comments/suggestion for improvement:

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