



Give Kids A Smile 2008 Evaluation Form



Name _____

Address _____

City _____ Zip _____

Phone _____ Fax _____

E-mail _____

Final number of children seen _____

Services provided _____

Estimated final value of donated services _____

Names of participating dentists in your event _____

Number of other volunteers _____ Volunteering organizations _____

Names of local co-sponsors _____

Did you receive media coverage? _____ If yes, please specify _____

Did local/state officials visit your event? _____ If yes, who? _____

Was the WDA helpful to you in regards to your GKAS effort? Yes _____ No _____

If yes, what was most helpful? If no, why not? _____

What would you like to see changed for next year's program? _____

Do you plan to participate next year? Yes _____ No _____

If we provide an opt-in listing of GKAS participating dentists online for the public to view and contact providers directly to schedule care, would you choose to be placed on such a list? Or do you prefer to work with a local organization to identify kids in need (health department, schools, etc)? _____

Thank you for participating in the sixth annual Give Kids A Smile! Your efforts helped show that Wisconsin dentists care. Please submit this completed form by Monday, February 11 so we may list your name/event as part of a special "GKAS Thank You" in an upcoming WDA Journal.

Fax completed forms to 414-755-4111