



Tell Us What You Think!

We appreciate you taking a few moments to tell us what you think about the Rethink Your Drink kit. With your help, we can continue to make a difference in student’s health. Please return this form to the address, fax or email (file included on USB) as listed at the bottom.

Your name: _____ Job title: _____

School: _____ Email address: _____

1. How many children did the Rethink Your Drink kit reach? _____

2. What grade level(s) were these children? _____

3. Which of the following kit items did you use to teach the children about oral health?

- K-5 Poster (1)
- 6-12 Posters (3)
- K-2 Lesson Plans
- 3-5 Lesson Plans
- 6-12 Lesson Plans
- “Sugar Story” Book
- Rethink Your Drink Jeopardy
- USB Flash Drive
- Interactive Display Bottles (6)

4. Was the kit well organized making it easy to teach? If not, what could we do to make it faster and easier for you? _____

5. How would you rate the kit overall? Excellent Good Fair Poor

Suggestions:

Submission Information:
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