NYDHA Continuing Education Course Evaluation

Course Title:	Updates of NYS Agencies: Medicaid Program; Oral Health Priorities and Focus Areas Supporting Preventive Interventions—Health Department; Oral Health and Office of Persons With Developmental Disabilities	
Course ID Number:	1016-25-B	Attendee ID: _____
Speakers:	Michele Griguts, DDS; Dionne Richardson, DDS, MPH; Diane Woodward, LMSW	
CE:	1.0 hour	
Date:	October 16, 2025	9:30-10:25 a.m.
Location:	Virtual	

The Course: Please rate by number from 5 to 1 with 5 = excellent and 1 = poor

1. The objectives of the forum were clear and concise. _____
2. The subject matter was based on current professional information. _____
3. The level of information was appropriate to my preparation and experience. _____
4. The course has contributed to my knowledge of the subject. _____
5. The information presented could be directly applied to my professional activities. _____
6. Overall evaluation of the course. _____

The Instructors:

1. The instructor was well prepared for the course.
   _____ Griguts _____ Richardson _____ Woodward
2. The instructor was knowledgeable in the subject matter.
   _____ Griguts _____ Richardson _____ Woodward
3. The presentation was organized in a logical manner.
   _____ Griguts _____ Richardson _____ Woodward
4. The instructor asked challenging questions and posed thought-provoking problems.
   _____ Griguts _____ Richardson _____ Woodward
5. The instructor adequately answered questions.
   _____ Griguts _____ Richardson _____ Woodward
6. The instructor summarized major points.
   _____ Griguts _____ Richardson _____ Woodward
7. The instructor used visual aids effectively.
   _____ Griguts _____ Richardson _____ Woodward
8. Overall evaluation of the instructor.
   _____ Griguts _____ Richardson _____ Woodward

Additional Comments/Suggestions

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