

**Oregon Tech  
Dental Hygiene Bachelor of Science in Salem  
2014-2015 Assessment Report**

**I. Introduction**

The Oregon Tech Dental Hygiene program in Salem is located on the Chemeketa Community College campus. The first graduating class enrolled in 2011.

All students must complete prerequisite courses to be eligible for application to the program. Acceptance to the program is selective and limited to no more than 20 students at Salem. Students enter the program each year in fall term.

The retention and graduation rate since 2014 is presented in the table (Table 1) below.

<b>TABLE 1: GRADUATION AND RETENTION</b>				
<b>Class 2014</b>	<b>Class 2015</b>	<b>Class 2016</b>	<b>Class of 2017</b>	<b>Class of 2018</b>
19/19 (100%)	19/20 (95%)	20/20 (100%)	20/20 (100%)	

To be eligible for dental hygiene licensing in Oregon State, applicants must be graduates of an accredited dental hygiene program and provide evidence of successful completion of written, laboratory or clinical examination tests. The National Board Dental Hygiene Examination (NBDHE) and the Western Region Examination Board (WREB) Dental Hygiene Examination are accepted by the Board of Dentistry as evidence of testing. An optional examination is WREB Anesthesia. Dental hygiene students from the Oregon Tech program in Salem at Chemeketa Community College have performed exceptionally well on these examinations. The following table (Table 1A) summarizes results from the classes 2014-2016.

<b>TABLE 1-A: EXAMINATION PASS RATES</b>			
	<b>Class of 2014</b>	<b>Class of 2015</b>	<b>Class of 2016</b>
NBDHE, 1 <sup>st</sup> attempt	19/19	18/18	
WREB anesthesia, written	19/19	18/19	19/20
WREB anesthesia, clinical	19/19	18/18	19/19
WREB dental hygiene , 1 <sup>st</sup> attempt	19/19	18/18	

Table 1-A: Examination pass rates on written and clinical exams for classes 2014-2016

**II. Program Purpose, Objectives, and Student Learning Outcomes**

The dental hygiene faculty reviewed the program’s purpose, objectives, and learning outcomes during a department meeting on October 21, 2014. The faculty affirmed the statements below:

Dental Hygiene Program Purpose

The purpose of the Bachelor of Science in Dental Hygiene program is to prepare students for entry into the dental hygiene profession and additional careers such as public health, administration, education, research, and marketing. The graduate will be prepared to enter master degree programs in dental hygiene and related programs.

Program Educational Objectives

1. Provide the dental hygiene student the opportunity to gain the necessary knowledge, skills, and values to enter the registered practice of dental hygiene.
2. Prepare the student to sit for the National Board Dental Hygiene Examination.

3. Prepare the student to take the WREB examination in dental hygiene, anesthesia, and restorative.

Program Student Learning Outcomes

PROFESSIONALISM, ETHICAL PRACTICE: The dental hygiene graduate will be competent in applying ethical, legal, and regulatory concepts in the provision and/or support of oral health care services

CRITICAL THINKING AND PROBLEM SOLVING: The dental hygiene graduate will be competent in critical thinking and problem solving related to comprehensive care and management of patients

LIFELONG LEARNING: The dental hygiene graduate will demonstrate competent knowledge and self-assessment skills necessary for life-long learning

CULTURAL AWARENESS: The dental hygiene graduate will be competent in interpersonal and communication skills to effectively interact with diverse population groups

COMMUNITY HEALTH: The dental hygiene graduate will be competent in assessing, planning, implementing and evaluating community based oral health programs including health promotion and disease prevention activities

PATIENT CARE COMPETENCY: The dental hygiene graduate will be competent in providing oral health care to all stages of life and for all periodontal classifications.

The program also offers students experiential learning opportunities including:

- Membership in the Student American Dental Hygienists’ Association (SADHA) and representation at state and national levels.
- Professional meetings: Oregon Dental Conference, Oregon Dental Hygienists’ House of Delegates Meeting and American Dental Hygienists’ Association Annual Meeting.
- Assessment, planning, implementation, and evaluation of community health projects.
- International trips to provide dental hygiene care to persons living in third world countries
- Off campus experience: school-based screenings and presentations, health fairs, and dental clinics/offices.

**III. Six-Year Cycle for Assessment and Student Learning Outcomes**

The assessment schedule for Oregon Tech institutional student learning outcomes (ISLO) and dental hygiene program student learning outcomes (PSLO) are summarized in Table 2 below. ISLOs are assessed every six years and PSLOs are assessed every three years.

TABLE 2: Learning Outcomes Cycle of Assessment								
SLO	Description	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
ISLO	Communication (oral, written, visual)	X						X
ISLO	Team, group work			X				
ISLO PSLO	Professionalism, ethical practice			X•			•	
ISLO PSLO	Critical thinking, problem solving				X•			•
ISLO PSLO	Lifelong, independent, learning	X•			•			X•
ISLO	Mathematical knowledge, skills		X					
ISLO	Scientific knowledge, reasoning					X		
ISLO PSLO	Cultural awareness						X•	

PSLO	Community health		•			•		
PSLO	Patient care competency				•			•

Table 2B: Assessment cycle, ISLO (X) PSLO (•)

#### IV. Summary of 2014-15 Assessment Activities

During the 2014-15 academic year, the dental hygiene faculty conducted formal assessment of Lifelong Learning that was not assessed during the 2013-14 assessment cycle due to staffing constraints. The faculty also conducted formal assessment of Community Health. Additionally, the program addressed closing the loop, Patient Care Competency, from 2013-2014 assessment. The following table (Table 3) provides an overview of 2014-15 assessment activities.

<b>TABLE 3: Overview of 2014-15 Assessment Activities</b>		
<i>Student Learning Outcome</i>	<i>Criteria</i>	<i>Assessment Method</i>
Life-long Learning	<ul style="list-style-type: none"> <li>• Life-long learning</li> <li>• Professional development</li> <li>• Short- and long-term career goals</li> </ul>	<u>Direct Assessment</u> <ul style="list-style-type: none"> <li>• Writing assignment</li> </ul> <u>Indirect Assessment</u> <ul style="list-style-type: none"> <li>• Survey</li> </ul>
Assessment Point: DH 323; Junior Year, Spring Term 2015 by Tina Clarke		
<i>Student Learning Outcome</i>	<i>Criteria</i>	<i>Assessment Method</i>
Community-based Oral Health	<ul style="list-style-type: none"> <li>• Writing</li> <li>• Needs assessment</li> <li>• Needs analysis</li> <li>• Program plan</li> <li>• Program implementation</li> <li>• Program evaluation</li> </ul>	<u>Direct Assessment</u> <ul style="list-style-type: none"> <li>• Project portfolio</li> </ul> <u>Indirect Assessment</u> <ul style="list-style-type: none"> <li>• Survey</li> </ul>
Assessment Point: DH 383; Junior Year, Spring Term 2015 by Kari Sroufe		
Closing-the-loop PSLO: Patient care competency	<ul style="list-style-type: none"> <li>• Number patient experiences by age</li> <li>• Number patient experiences by disease classification</li> </ul>	<u>Direct Assessment</u> <ul style="list-style-type: none"> <li>• Tracking data</li> </ul> <u>Indirect Assessment</u> <ul style="list-style-type: none"> <li>• Graduate survey</li> </ul>
Assessment Point: DH 423, Senior Year, Winter Term by Kari Sroufe		

Table 3: 2014-2015 Assessment Activities

#### **ISLO/PLSO: Lifelong Learning**

##### Direct Assessment: Writing Assignment

Dental hygiene students' ability to demonstrate knowledge and self-assessment skills for life-long learning was assessed in DH 323 during Spring term 2015 using a writing assignment. Students were required to respond to three specific questions:

1. What does lifelong learning mean to you and how can you achieve lifelong learning? Provide examples
2. Identify and discuss some professional development opportunities you can take advantage of outside of school.
3. Describe your short- and long-term goals after graduation. How do you plan on meeting these goals?

Students' performance was assessed as proficient (4), competent (3), beginner (2), or novice (1) using

the Oregon Tech Lifelong Learning rubric (see appendix). Sixteen students completed the assessment and the results are summarized in the table (TABLE 4) below.

<b>TABLE 4: Life-long Learning</b>				
<b>Performance Criteria</b>	<b>Assessment Method</b>	<b>Measurement Scale</b>	<b>Minimum Acceptable Performance</b>	<b>Overall Results</b>
Life-long learning	Rubric	1-4	80% at 3 or 4	100%
Professional development	Rubric	1-4	80% at 3 or 4	100%
Short and long-term career goals	Rubric	1-4	80% at 3 or 4	100%

Table 4: Assessment results for life-long learning in DH 323; Junior Year, Spring Term by Tina Clarke

*Strengths:* Based on this assessment, student learning in all three criteria exceeded minimum acceptable performance

*Weaknesses:* This assessment did not reveal any weaknesses.

*Plan for Improvement:* Continue successful teaching and learning strategies.

Indirect Assessment: Survey

During week nine of winter term 2015, a survey was administered to dental hygiene students in their last term of the program. Nineteen students rated the following statements using a 4-point Likert scale, strongly agree (4), agree (3), disagree (2), and strongly disagree (1):

S1: The OIT Dental Hygiene Program prepared me to be able to continuously perform self-assessment for lifelong learning and personal growth.

S2: The OIT Dental Hygiene program prepared me to be competent in self-assessment skills in preparation for lifelong learning.

<b>TABLE 10: Lifelong Learning</b>				
	<b>Assessment Method</b>	<b>Measurement Scale</b>	<b>Minimum Acceptable Performance</b>	<b>Results</b>
S1	Survey	4-point Likert scale	80% strongly agree or agree	100%
S2	Survey	4-point Likert scale	80% strongly agree or agree	100%

*Strengths:* Based on this assessment, student learning exceeded minimum acceptable performance/

*Weaknesses:* This assessment did not reveal any weaknesses.

*Plan for Improvement:* Continue successful teaching and learning strategies.

**PSLO: Community Health**

Direct Assessment: Project, Portfolio

Dental hygiene students' ability to assess, plan, implement, and evaluate community-based oral health programs was assessed in DH 383 Community Dental Health IV, spring term 2015. Twenty students working in teams of 2-4 were assessed using a project and portfolio. Performance was assessed as proficient (4), competent (3), beginner (2), or novice (1) using a rubric (see appendix). The following table (Table 5) summarizes the results.

TABLE 5: Community Health				
Performance Criteria	Assessment Method	Measurement Scale	Minimum Acceptable Performance	Overall Results
Writing <ul style="list-style-type: none"> <li>Free from writing errors</li> <li>Demonstrates editing to improve quality</li> </ul>	Portfolio	1-4 proficiency scale	80% at 3 or 4	100%
Needs Assessment <ul style="list-style-type: none"> <li>Thorough, addresses five major issues</li> <li>accurate population profile</li> <li>Secondary data included and cited</li> </ul>	Portfolio	1-4 proficiency scale	80% at 3 or 4	100%
Needs Analysis <ul style="list-style-type: none"> <li>Primary problems</li> <li>Contributing factors</li> <li>Population's self-assessment</li> </ul>	Portfolio	1-4 proficiency scale	80% at 3 or 4	100%
Planning <ul style="list-style-type: none"> <li>SMART goals/objectives</li> <li>Evaluation plan</li> <li>Funding plan</li> </ul>	Portfolio	1-4 proficiency scale	80% at 3 or 4	100%
Implementation <ul style="list-style-type: none"> <li>Documentation</li> </ul>	Portfolio	1-4 proficiency scale	80% at 3 or 4	100%
Evaluation <ul style="list-style-type: none"> <li>Formative results</li> <li>Summative results</li> </ul>	Portfolio	1-4 proficiency scale	80% at 3 or 4	100%

Table 4: Assessment results for Community Health in DH 383 Community Dental Health IV; spring term 2015.

*Strengths:* Performance in all criteria was met at a 3 or 4.

*Weaknesses:* This assessment revealed no weaknesses.

*Plan for Improvement:* Continue effective teaching and learning strategies.

Indirect Assessment: Survey

Students' ability to apply community dental health principles to prevent disease and promote health was also assessed using a survey. During week nine of winter term 2015, a survey was administered to dental hygiene students in their last term of the program. Students rated the following statements using a 4-point Likert scale, strongly agree (4), agree (3), disagree (2), and strongly disagree (1).

S1: The Oregon Tech dental hygiene program prepared me to be able to utilize critical thinking, scientific theory, and evidence in decision making regarding patient care and the promotion of health and wellness to individuals and communities.

S2: The Oregon Tech dental hygiene program prepared me to be able to provide planned educational services using appropriate interpersonal skills and educational strategies to promote health.

S3: The Oregon Tech dental hygiene program prepared me to be able to communicate effectively with individuals from diverse populations both verbally and in writing.

S4: The Oregon Tech dental hygiene program prepared me to be able to improve access to care by providing community oral health services such as needs assessment, screening, referral, and educational services.

S5: The OIT Dental Hygiene program prepared me to be competent in assessing, planning, implementing, and evaluating community-based oral health programs.

Nineteen students completed the survey. The following table (Table 6) summarizes the results of the survey.

	<b>Assessment Method</b>	<b>Measurement Scale</b>	<b>Minimum Acceptable Performance</b>	<b>Results</b>
S1	Survey	1-4	80% at 3 or 4	100%
S2	Survey	1-4	80% at 3 or 4	100%
S3	Survey	1-4	80% at 3 or 4	100%
S4	Survey	1-4	80% at 3 or 4	100%
S5	Survey	1-4	80% at 3 or 4	100%

Table 6: Assessment results for Community Health based on students' self-reporting by survey, winter term 2015.

*Strengths:* Students self-reported agree or strongly agree to all survey questions pertinent to community dental health.

*Weaknesses:* The assessment revealed no weaknesses.

*Plan for Improvement:* Continue successful teaching and learning practices.

## **V. Evidence of Student Learning**

During the 2014-2015 academic year, the Oregon Tech Dental Hygiene program at Salem assessed the following student learning outcomes:

- Life-long Learning

In a graduation survey completed by the class of 2015, 15 out of 19 students report they “strongly agree” when asked how well the program prepared them for life-long learning and 4 out of 19 students “agree” that the program prepared them for life-long learning.

- Community Health

The dental hygiene faculty met on June 23, 2015 to discuss the results of the assessment and to determine plans for improvement. Following review of the assessment results, faculty determined they are pleased with the outcomes of the community health portfolios and summaries of the final projects. Students are displaying competency in all categories and performing at or above the minimum expectation as outlined in the course curriculum. No improvements are needed at this time.

Overall, the faculty is pleased with the results of the 2014-2015 assessment.

## **VI. Changes Resulting from Assessment**

During the 2013-14 assessment cycle, Patient Care Competencies, was assessed using tracking data. Analysis of data indicated that experiences with children were underreported. Beginning fall term 2014, students were instructed to report experiences with children on rotations to the Boys' and Girls' Club. NUMBER students were assigned rotations to the Boys' and Girls' Club during the 2014 -15 academic

year. The following table (Table 7) summarizes the tracking data for children experiences during the two academic years.

<b>TABLE 7: Provision of oral health care to individuals at all stages of life: children</b>		
	<b>Class of 2014</b>	<b>Class of 2015</b>
<b>Average</b>	11	8
<b>Maximum</b>	22	14
<b>Minimum</b>	3	5

Table 7: Assessment results for provision of oral health care to individuals of all stages of life (children)

The Class of 2015 participated in Boys’ and Girls’ Club rotations during the 2014-2015 academic year, as did the Class of 2014. However, students did not participate in Migrant Kids Day, as students did the year prior. As a result, not as many children experiences were recorded. In addition, the Boys and Girls Club patients are often in the adolescent age range and are categorized as such within our database. For the 2015-2016 academic year, students will participate in the Boys’ and Girls’ Club rotations as well as Migrant Kids Day. It does appear that students are properly recording their patient experiences within the database, even when completing patients on external rotations.

**VII. References: N/A**

**VIII. Appendices**

- Curriculum Maps
- Rubrics

**Oregon Tech Dental Hygiene, Salem**  
**Curriculum Maps**  
**2014-2015**

Life-Long Learning

Courses that are bold indicate that the SLO above is taught in the course, students demonstrate skills or knowledge in the SLO, and/or students receive feedback on their performance on the SLO.

<b>LIFELONG LEARNING</b>			<b>Fall</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>
<b>SOPHOMORE</b>						
DH	221	DH Clin Prac & Seminar I				
<b>DH</b>	<b>225</b>	<b>H&amp;N Anatomy, Histology, Embryology</b>	<b>I</b>			
DH	240	Prevention I				
<b>CHE</b>	<b>360</b>	<b>Clin Pharm for Health Professions</b>	<b>I</b>			
SPE	321	Small Group & Team Com				
DH	222	Clin Prac & Seminar II				
DH	241	Prevention II				
DH	244	General & Oral Pathology				
DH	252	Oral Radiology I				
DH	275	Dental Ethics				
DH	366	Dental Anatomy				
DH	223	DH Clin Prac & Seminar III				
DH	242	Prevention III				
DH	253	Oral Radiology II				
DH	254	Introduction to Periodontology				
<b>DH</b>	<b>267</b>	<b>Emergency Procedures</b>			<b>I, E</b>	
DH	380	Community Dental Health I				
PSY		Psychology Elective				
<b>JUNIOR</b>						
BUS	317	Health Care Management				
<b>DH</b>	<b>321</b>	<b>DH Clin Prac &amp; Seminar IV</b>	<b>E, R</b>			
DH	340	Prevention IV				
DH	354	Periodontology				
DH	381	Community Dental Health II				
PSY		Psychology Elective				
<b>DH</b>	<b>322</b>	<b>DH Clin Prac &amp; Seminar V</b>		<b>E</b>		
DH	341	Prevention V				
DH	351	Pain Management I				
DH	382	Community Dental Health III				
WRI	227	Technical Report Writing				
		Humanities Elective				
<b>DH</b>	<b>323</b>	<b>DH Clin Prac &amp; Seminar VI</b>			<b>R, E</b>	
DH	344	Advanced General & Oral Pathology				



<b>LIFELONG LEARNING</b>			<b>Fall</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>
<b>DH</b>	<b>352</b>	<b>Pain Management II</b>			<b>E</b>	
DH	363	Dental Materials				
DH	370	International Externship (opt)				
DH	383	Community Dental Health IV				
<b>SENIOR</b>						
BUS	331	Personal Finance				
DH	371	International Externship (opt)				
<b>DH</b>	<b>421</b>	<b>DH Clin Prac &amp; Seminar VII</b>				<b>E</b>
DH	461	Restorative Dentistry I				
<b>DH</b>	<b>475</b>	<b>DH Research Methods I</b>				<b>R</b>
MATH	243	Introductory Statistics				
AHED	450	Instructional Methods				
DH	372	International Externship (opt)				
<b>DH</b>	<b>422</b>	<b>DH Clin Prac &amp; Seminar VIII</b>	<b>R, E</b>			
DH	462	Restorative Dentistry II				
<b>DH</b>	<b>476</b>	<b>DH Research Methods II</b>	<b>R</b>			
		Communication Elective				
		Humanities Elective				
<b>DH</b>	<b>423</b>	<b>DH Clin Prac &amp; Seminar IX</b>		<b>E</b>		
DH	454	Dental Practice Management				
DH	463	Restorative Dentistry III				
<b>DH</b>	<b>477</b>	<b>DH Research Methods III</b>		<b>R</b>		
		Humanities Elective				
		Psychology Elective				

Key: I, Introduced; E, Emphasized; R, reinforced

### Community Health

Courses that are bold below indicate that the SLO above is taught in the course, students demonstrate skills or knowledge in the SLO, and/or students receive feedback on their performance on the SLO.

<b>COMMUNITY HEALTH</b>			<b>Fall</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>
<b>SOPHOMORE</b>						
DH	221	DH Clin Prac & Seminar I				
DH	225	H&N Anatomy, Histology, Embryology				
DH	240	Prevention I				
CHE	360	Clin Pharm for Health Professions				
SPE	321	Small Group & Team Com				
DH	222	Clin Prac & Seminar II				
DH	241	Prevention II				
DH	244	General & Oral Pathology				
DH	252	Oral Radiology I				
DH	275	Dental Ethics				

<b>COMMUNITY HEALTH</b>			<b>Fall</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>
DH	366	Dental Anatomy				
DH	223	DH Clin Prac & Seminar III				
DH	242	Prevention III				
DH	253	Oral Radiology II				
DH	254	Introduction to Periodontology				
DH	267	Emergency Procedures				
<b>DH</b>	<b>380</b>	<b>Community Dental Health I</b>			<b>I</b>	
PSY		Psychology Elective				
<b>JUNIOR</b>						
BUS	317	Health Care Management				
DH	321	DH Clin Prac & Seminar IV				
DH	340	Prevention IV				
DH	354	Periodontology				
<b>DH</b>	<b>381</b>	<b>Community Dental Health II</b>	<b>E</b>			
PSY		Psychology Elective				
DH	322	DH Clin Prac & Seminar V				
DH	341	Prevention V				
DH	351	Pain Management I				
<b>DH</b>	<b>382</b>	<b>Community Dental Health III</b>		<b>R</b>		
WRI	227	Technical Report Writing				
		Humanities Elective				
DH	323	DH Clin Prac & Seminar VI				
DH	344	Advanced General & Oral Pathology				
DH	352	Pain Management II				
DH	363	Dental Materials				
DH	370	International Externship (opt)				
DH	383	<b>Community Dental Health IV</b>			<b>E</b>	
<b>SENIOR</b>						
BUS	331	Personal Finance				
DH	371	International Externship (opt)				
DH	421	DH Clin Prac & Seminar VII				
DH	461	Restorative Dentistry I				
DH	475	DH Research Methods I				
MATH	243	Introductory Statistics				
AHED	450	Instructional Methods				
DH	372	International Externship (opt)				
DH	422	DH Clin Prac & Seminar VIII				
DH	462	Restorative Dentistry II				
DH	476	DH Research Methods II				
		Communication Elective				
		Humanities Elective				
DH	423	DH Clin Prac & Seminar IX				

<b>COMMUNITY HEALTH</b>			<b>Fall</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>
DH	454	Dental Practice Management				
DH	463	Restorative Dentistry III				
DH	477	DH Research Methods III				
		Humanities Elective				
		Psychology Elective				

KEY: I, Introduced; E, Emphasized; R, Reinforced

**Oregon Tech Dental Hygiene, Salem**  
**Assessment Rubrics**  
**2014-2015**

<b>OREGON TECH: LIFE-LONG LEARNING RUBRIC</b>					
<i>Criteria</i>	<i>Limited or No Proficiency (1)</i>	<i>Developing Proficiency (2)</i>	<i>Proficiency (3)</i>	<i>High Proficiency (4)</i>	<i>Score</i>
<b>Lifelong learning</b>	Fails to identify the need for lifelong learning and/or omits discussion of their own learning and relevant examples.	Misses important elements in discussion lifelong learning applying concepts to their own learning or providing a relevant example.	Defines the concept of lifelong learning. Demonstrates self-awareness by accurately identifying strengths/weaknesses in their own ability to learn independently. Gives a relevant example.	Defines the concept of lifelong learning and its importance. Demonstrates self-awareness by accurately discussing strengths/weaknesses in their own ability to learn independently. Gives relevant example(s).	
<b>Professional development</b>	Fails to identify professional development opportunities.	Discusses professional development opportunities that are either inappropriate or irrelevant.	Identifies appropriate professional development opportunities.	Identifies and thoroughly discusses appropriate professional development opportunities.	
<b>Short- and long- term career plans</b>	Vaguely describes career goals and or does not include a plan to meet them	Career goals after graduation do not include both long and short term plans and/or the plan is unrealistic	Describes short and long term career goals after graduation. Includes a realistic plan to meet these goals.	Describes short and long term career goals after graduation. Includes a realistic, thorough, and thoughtful plan to meet these goals.	

<b>Community Health Program Planning Portfolio Rubric (60 points possible)</b>				
	<i>Novice, 0-6 pts.</i>	<i>Beginner, 7 points</i>	<i>Competent, 8 points</i>	<i>Proficient, 9-10 points</i>
<b>Writing</b>	Several spelling and/or grammatical errors. Writing is inconsistent for the intended audience. The project documentation is confusing to the reader. Portfolio does not follow the organizational guide.	Some minor spelling or grammatical errors. Writing is mostly appropriate for intended audience. There may be some lack of clarity. Portfolio follows the organizational guide.	Some minor spelling or grammatical errors. Writing is appropriate for the intended audience. Writing is mostly clear—there may be minor questions about content. Portfolio follows the organizational guide.	No spelling or grammatical errors. Writing is clear, accurate and appropriate for intended audience (DH professionals). Portfolio follows the organizational guide.
<b>Needs Assessment</b>	Baseline data does not reveal the current status of the population. Population profile not complete. Oral health status not identified	Some baseline data missing due to inappropriate choice of data collection instrument. Oral health status and population profile are included. All secondary data sources are <b>not</b> cited.	Baseline data reveals the current status of the population to include community issues of: prevention; access; resources; quality; manpower. Oral health status and population profile are included. All secondary data sources are <b>not</b> cited. Samples of data collection instruments are included.	Baseline data reveals the current status of the population to include community issues of: prevention; access; resources; quality; manpower. Oral health status and population profile are included. All secondary data sources are cited. Samples of data collection instruments are included.
<b>Needs Analysis</b>	The needs analysis does not reflect the needs assessment data.	Program strategies, rather than the primary problems of the population are determined. The population's self-assessment is not adequately considered.	Primary problems and contributing factors or constraints are identified and reflect the needs assessment data. The population's self-assessment is not clear	Primary problems and contributing factors or constraints are identified and reflect the needs assessment data. The population's self-assessment of need is included in the analysis.
<b>Program Plan</b>	Goals and objectives are inaccurate in respect to	Goals and objectives may be inaccurate in some respect to	Goals and objectives may be inaccurate in some respect to	Goals and objectives are (SMART) specific,

	<p>SMART. Strategies and activities do not reflect program goals and are not effective. The funding plan/budget is inaccurate. An outline of formative and summative program evaluation is missing.</p>	<p>SMART. Strategies and activities may not entirely reflect goals and objectives. The funding plan/budget is somewhat confusing. An outline of formative and summative program evaluation is included.</p>	<p>SMART. Effective strategies and activities that include a timeline and reflect program goals and objectives are planned. A funding plan/budget is included and an outline of formative and summative program evaluation is included.</p>	<p>measurable, attainable, realistic, and timely. Effective strategies and activities that include a timeline and reflect program goals and objectives are planned. A funding plan/budget is included and an outline of formative and summative program evaluation is included.</p>
<p><b>Program Implementation</b></p>	<p>The implementation process is inadequately documented. Someone taking on this project would have many question about project operation. Several aspects of documentation are missing: Contact persons Sample forms and checklists used Written correspondence List of materials, videos, power points, lesson plans used Policies and procedures that were developed</p>	<p>The implementation process is adequately documented. Some documentation is missing. Documentation includes: Contact persons Sample forms and checklists used Written correspondence List of materials, videos, power points, lesson plans used Policies and procedures that were developed</p>	<p>The implementation process is documented. Anyone taking on this project may have some questions about how the project operates. Documentation includes: Contact persons Sample forms and checklists used Written correspondence List of materials, videos, power points, lesson plans used Policies and procedures that were developed</p>	<p>The implementation process is well documented. Anyone taking on this project could easily see how the project operates. Documentation includes: Contact persons Sample forms and checklists used Written correspondence List of materials, videos, power points, lesson plans used Policies and procedures that were developed. Brochures, photos, supplemental material is included.</p>
<p><b>Program Evaluation</b></p>	<p>Activities are not assessed. Formative evaluation is not</p>	<p>Some activities are not adequately assessed or</p>	<p>All activities are assessed and documented. Some</p>	<p>All activities are assessed and formative evaluation is</p>

	documented. Goals and objectives are not evaluated. Recommendations for future program improvement do not reflect actual evaluation.	documented. Goals and objectives are evaluated. Recommendations for future program improvement do not reflect actual evaluation.	formative evaluation from meeting minutes is missing. Goals and objectives are evaluated. Recommendations for future program improvement are stated.	documented from meeting minutes and post activity assessment. Goals and objectives are evaluated. Recommendations for future program improvement are stated
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