ASTDD Competencies Assessment Evaluation Form (Appendix F)

Name of State/Territorial Oral Health Program:

1. Approximately how long did it take you to fill out the individual competency assessment? (highlight your choice)
2. Less than 30 minutes B. 30 to 60 minutes C. An hour or more

Please review each of the following statements and place an “x” for the degree to which you agree or disagree with them.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
| 1. The purpose of the competency review (including tools and sessions) was clearly explained.
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| 1. The instructions provided with the assessment tools were easy to understand.
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| 1. Completion of the Individual Competencies Assessment was helpful in identifying my own strengths and opportunities for professional growth.
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| 1. The competency review facilitator asked appropriate questions to gain an understanding of the program and our skills.
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| 1. The competency review facilitator encouraged participation.
 |  |  |  |  |  |
| 1. The competency review session felt like a safe and comfortable environment for discussing current competency levels and areas for improvement.
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| 1. The Guidelines Program Assessment and Abbreviated Program Competencies Assessment allowed me to understand our program’s overall status and served to facilitate discussion about program priorities, strengths and needs.
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| 1. The competency review session was focused on areas that our team noted as most relevant to our program/identified priority areas.
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| 1. I left the sessions with recommendations/ actionable items that will allow me to increase my skills in areas that I identified as priorities for improvement.
 |  |  |  |  |  |
| 1. I know how to get involved with ASTDD to build upon and contribute my skills.
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1. Please provide any additional comments/feedback about the Competency Review Process.