

Feedback form from students.

2018-2023

## Student Feedback Form

Date: 8/12/18

Name of the camp/Activity: Dental Evaluation & Caries prevention Camp.

Venue: Sai park Colony Lohagaon.

Name of the student: Kajal Tilkar.

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems

The camp was quiet knowledgeable

## Student Feedback Form

Date: 24/12/18

Name of the camp/Activity: Tooth care camp

Venue: PHC Wagholi

Name of the student: shruti Bhoga

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems

Satisfied by camp

## Student Feedback Form

Date: 27/12/18

Name of the camp/Activity: local cleanliness drive

Venue: Dharmada Trust Alandi

Name of the student: Anjali Bhosale

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems

camp was good .

## Student Feedback Form

Date: 6/8/2019

Name of the camp/Activity: oval Health Screening

Venue: Shri Bramhchandra Shikhan Prasarak Mandal

Name of the student: Gayatri Thakre

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems The camp was satisfactory.

## Student Feedback Form

Date: 9/8/19

Name of the camp/Activity: Smile Care Program Charoli

Venue: Charoli

Name of the student: Kiron Nargajje

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems

Camp was good.

## Student Feedback Form

Date: 5/9/19

Name of the camp/Activity: Kids Dental checkup camp

Venue: ZP School lohegaon

Name of the student: Vedika Joshi

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems It was good experience

## Student Feedback Form

Date: 18/9/19

Name of the camp/Activity: Smiling teeth & Healthy Gum camp

Venue: Buhsevak Mandal, Vishrantwadi

Name of the student: Megha Jadhav.

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems The camp was very good.

## Student Feedback Form

Date: 7/11/2019

Name of the camp/Activity: Radiant Smile

Venue: Birds And sky preschool, Simbala Nagon

Name of the student: Putya Dani

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems Camp was good .

## Student Feedback Form

Date: 8/1/20

Name of the camp/Activity: ORO care camp

Venue: PHC Wagholi

Name of the student: Aman Gandhi

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems

camp was good

## Student Feedback Form

Date: 10/11/20

Name of the camp/Activity: Oral health awareness and examination camp

Venue: PHC Wagholi.

Name of the student: Manali Kolhe.

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems

Camp Was Good.

## Student Feedback Form

Date: 2/3/20

Name of the camp/Activity: Examination & oral problem explanation.

Venue: Public camp Alandi.

Name of the student: Anisha Dighe.

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems

It was a nice experience.

## Student Feedback Form

Date: 9/3/2020

Name of the camp/Activity: Live tooth Live Gums . Leave Decay

Venue: PHC Inagholi.

Name of the student: Siddharth Dairplode .

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems

Camp Was Satisfactory.

## Student Feedback Form

Date: 27/10/21

Name of the camp/Activity: oval cavity Dental

Venue: Sr. Gnispiari Girl school Null stop

Name of the student: Parag Mahalaxmi .

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems → We were satisfied with the camp

## Student Feedback Form

Date: 16/10/21

Name of the camp/Activity: Insight into teeth encamp

Venue: 505 children village, Yerwada

Name of the student: Ankit patel

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems Camp was good

## Student Feedback Form

Date: 21/12/21

Name of the camp/Activity: Remain tooth decayed

Venue: public camp Yashwant Nagar Yerwada.

Name of the student: Divya Naik.

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good /  not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems

The camp was quite useful.

## Student Feedback Form

Date: 29/12/21

Name of the camp/Activity: Tooth care camp

Venue: PHC Wagholi

Name of the student: Anurag Mourya .

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems → The camp was helpful, knowledgeable overall experience ~~very~~ good.

## Student Feedback Form

Date: 4/8/22

Name of the camp/Activity: smile kraft & orocare camp

Venue: Vishrantwadi chowk

Name of the student: shruti Kulkarni

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems → The camp was good

## Student Feedback Form

Date: 24/3/2020

Name of the camp/Activity: Oral environment cleanliness camp.

Venue: PHC, Adagholi

Name of the student: Uzara Raut

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems

The camp was useful & helpful.

## Student Feedback Form

Date: 07/09/2022

Name of the camp/Activity: Oral disease awareness and examination  
camp.

Venue: Vitthal Rukminji Mandir

Name of the student: Tanya Rao

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems

We were satisfied with the camp. It was good camp.

## Student Feedback Form

Date: 17/09/22.

Name of the camp/Activity: All smile protection encampment

Venue: Nilgudi

Name of the student: Deepshah

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good /  not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems

## Student Feedback Form

Date: 11/12/22

Name of the camp/Activity: Smile & Shine Program

Venue: New Wisdom International School

Name of the student: Medha Vaidya

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems -

Student Feedback Form

Date: 2/01/2022

Name of the camp/Activity: Oral Health & Wellness Camp

Venue: Gyanparibhagat Kanya Raj Khed

Name of the student: Pooja Dede

1) Did you find this activity useful?

Yes /  No

2) How was overall experience?

Good /  not so good /  poor

3) How was the response from participants?

Good /  Poor

4) Were your clinical skill enhanced by this activity?

Yes /  No

5) Any suggestions / problems

The camp was good

## Student Feedback Form

Date: 3/01/2023

Name of the camp/Activity: Oral health & Wellness Camp.

Venue: Grampanchayat Karyaray Khed

Name of the student: Pooja Dudhe

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems

The Camp was good.

## Student Feedback Form

Date: 4/1/2023

Name of the camp/Activity: Oral hygiene Dental Camp .

Venue: Mahargarpalika, Sahayak Lohegaon .

Name of the student: Prasad Jayikwad .

1) Did you find this activity useful?

✓  
Yes / No

2) How was overall experience?

✓  
Good / not so good / poor

3) How was the response from participants?

✓  
Good / Poor

4) Were your clinical skill enhanced by this activity?

✓  
Yes / No

5) Any suggestions / problems The camp was helpful.

### Student Feedback Form

Date: 7/1/22

Name of the camp/Activity: Radiation smile camp.

Venue: Little millennium pre-school.

Name of the student: Anabela Vidhade

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems The camp was good

## Student Feedback Form

Date: 9/11/23.

Name of the camp/Activity: Carity removal awareness camp

Venue: Pragati International School.

Name of the student: Sampada.

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems Camp was good

## Student Feedback Form

Date: 21/1/23

Name of the camp/Activity: Understanding Prevailing Public

Venue: PHC Wagholi Health Problem.

Name of the student: Mariya Noor

1) Did you find this activity useful?

Yes / No

2) How was overall experience?

Good / not so good / poor

3) How was the response from participants?

Good / Poor

4) Were your clinical skill enhanced by this activity?

Yes / No

5) Any suggestions / problems The camp was good.