

The purposes of this research were to assess the product of project, the input factor, the process of project and the context of the project. The evaluation model was used CIPP Model. Twenty-four primary schools were included in this study. It comprised 306 school children, 24 school health teachers and 23 school administrators. Besides, there were 42 parents of the mentioned children. The data was collected during 23 January until 31 March 2002, using interview and focus group discussion for qualitative approach and used structured questionnaires for quantitative approach. The data obtained was analyzed by percentage, arithmetic mean, standard deviation, confidence interval and kappa statistic. The results were as follows:

The evaluation of the product showed that 36.2 % of school children had dental caries of permanent teeth and 52.3 % had gingivitis that were collected by dentist. However, the reliability of oral examination data by school health teachers was low with the mean of Kappa values in dental caries showing 0.07 (95%CI:0.0, 0.17) and 0.31 (95%CI:0.15, 0.37) in gingivitis. The most school children had moderate level in oral health behavior at 67.0% of them, tooth brushed at least twice a day and consumed candy. The predisposing, enabling and reinforcement factors influencing on dental behavior were revealed that most of their level were moderate showing 64.1%, 71.9%, and 63.7%, respectively. The evaluation of the process evaluation was revealed that most level of the components of process; Planning, Organizing, Staffing, Leading and Controlling were moderate at 58.4%, 70.8%, 75.0%, 75.0% and 83.4%, respectively. However, go into details, many activities being conducted at a low percentage were coworkers participation in planning, support by administrators, informing parents about students' oral health status. Among input factors, school health teachers had moderated knowledge, low percentage knew about the principle of dental surveillance.

They showed both good and bad attitude in this program, most of them believed that the health officers and dental personnel are the main one for responsibility of this program. Most primary school had insufficient budget and could not afford tooth brushes, tooth pastes, and sinks. The evaluation of the context was found that most school administrators had not a clear dental health policy especially about controlling candies taking in the school. Moreover, parents participation in this program was non.

This study recommended that the process of planing in this program should be managed by coworkers' team. Dental health personnel should develop knowledge and understanding toward principle and concept of dental surveillance. The school administrators should have a clear dental health policy especially about controlling candies taking in the school and coworkers' team should consider on advocating parents to participating in this program.