

DENTAL INTERN'S EVALUATION FORM

Ref. No. _____ Date: ___/___/___

Name of Intern: _____
 Name of Training Center: _____
 Period of attendance: From: _____ To : _____

Respected Supervisor

Please evaluate the performance of the said intern's using the scores ranging from 0-10 based on the attached criteria. Your evaluation will be highly valued and kept confidential.

	0	4	8	12	16	20
1. Diagnosis and Treatment planning						
2. Patient Management						
3. Professionalism						
4. Continuing Education & Professional Development						
5. Community services						

ATTENDANCE REPORT

No. of absence days : _____ Applied leaves : _____

Supervisor's Name & Designation : _____ Signature: _____

Director of Training Center : _____ Signature : _____

Thank you very much for sparing your valuable time.

0= Not acceptable
 4= Needs major corrections
 8= Fair (needs minor corrections)
 12= Good (acceptable)
 16= Very good (acceptable)
 20= Excellent (acceptable)