

NORTHERN ESSEX COMMUNITY COLLEGE
DENTAL ASSISTING PROGRAM
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ORTHODONTIC PRACTICUM EVALUATION FORM

Student Name _____ Externship Office _____

Your evaluation of this student's orthodontic practicum experience helps identify areas in which the student is strong as well as those where improvement is needed. The Dental Assisting Program also benefits by having information concerning areas that may need more attention and focus. Please complete one form for each of your students at the end of their rotation, and mail or fax these forms to the NECC Dental Assisting Program. Please do not give these evaluations to the students.

Instructions: Using the following scale, please rate the student in the areas listed by circling the appropriate box.

4 EXCELLENT Performs at an exceptionally high level	3 GOOD Performs somewhat above an average or satisfactory level	2 FAIR Performs mostly at an average or satisfactory level	1 POOR Performs below average; work not satisfactory	NA Student had no opportunity to perform this task
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4 Excellent	3 Good	2 Fair	1 Poor	NA
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I. PROFESSIONAL APPEARANCE

A. Complies with NECC dress code (e.g. clean uniform, no tobacco odor, good personal hygiene, groomed hair and nails). 4 3 2 1

II. PROFESSIONAL CONDUCT

A. Consistently arrives on time. 4 3 2 1

B. Maintains good attendance. 4 3 2 1

C. Demonstrates honesty. (SCORE AS "4" OR "1" ONLY) 4 3 2 1

D. Seeks out appropriate help when unsure of procedure. 4 3 2 1

E. Maintains confidentiality of patients and staff and avoids gossip and inappropriate comments. 4 3 2 1

F. Communicates and relates well to dental patients. 4 3 2 1

G. Exhibits work efficiency and willingness to work. 4 3 2 1

H. Is open and responsive to constructive criticism. 4 3 2 1

I. Exhibits a spirit of team-work and cooperation. 4 3 2 1

Comments on this student's Professional Appearance and/or Conduct:

III. DENTAL ASSISTING SKILLS

A. Patient/Assistant Preparation

1. Greets and positions patient. 4 3 2 1

2. Assistant positioning, light positioning (Ergonomics). 4 3 2 1

3. Gives pre and post-operative instructions. 4 3 2 1

B. Proficiency in preparing tray set-ups. (List types prepared.)

_____ 4 3 2 1

_____ 4 3 2 1

C. Maintaining field of operation:

1. Evacuating oral cavity. 4 3 2 1

2. Applying air and water. 4 3 2 1

3. Retracting cheeks, lips, tongue. 4 3 2 1

D. Proficiency in clinical procedures:

	4	3	2	1	NA
	Excellent	Good	Fair	Poor	
1. Placing separators.	4	3	2	1	<input type="checkbox"/>
2. Placing and removing ligatures.	4	3	2	1	<input type="checkbox"/>
3. Assist with fitting and cementing bands.					
a. Trial fitting of bands.	4	3	2	1	<input type="checkbox"/>
b. Cementation of bands.	4	3	2	1	<input type="checkbox"/>
4. Assist with transfer and bonding of brackets.	4	3	2	1	<input type="checkbox"/>
5. EXTRA-ORAL RADIOGRAPHS (*REQUIRED TASK): (<i>Check which used.</i> _____ <i>Film</i> _____ <i>Digital</i>)					
a. Exposure.	4	3	2	1	<input type="checkbox"/>
b. Processing.	4	3	2	1	<input type="checkbox"/>
6. Preparing and delivering dental materials:					
a. ALGINATE (*REQUIRED TASK).	4	3	2	1	<input type="checkbox"/>
b. Cements.	4	3	2	1	<input type="checkbox"/>
c. Etch/ Composite bonding.	4	3	2	1	<input type="checkbox"/>
e. Other materials. (<i>List types.</i> _____)	4	3	2	1	<input type="checkbox"/>
<i>E. Proficiency in laboratory procedures:</i>					
1. Pouring models.	4	3	2	1	<input type="checkbox"/>
2. Trimming plaster models.	4	3	2	1	<input type="checkbox"/>
3. Fabricating appliances. (<i>List types.</i>) _____ _____	4	3	2	1	<input type="checkbox"/>

Comments on this student's Dental Assisting Skills:

IV. ASEPTIC TECHNIQUES

A. Performs tasks according to OSHA regulations:

1. Without breaking chain of asepsis at chairside.	4	3	2	1	<input type="checkbox"/>
2. Disinfects operator and sterilizes instruments.	4	3	2	1	<input type="checkbox"/>
3. Disposes of sharps (waste) according to OSHA regulations.	4	3	2	1	<input type="checkbox"/>

Comments on this student's Aseptic Technique:

V. PROFICIENCY DURING DENTAL PROCEDURES

<i>A. Demonstrates knowledge of dental procedures.</i>	4	3	2	1	<input type="checkbox"/>
<i>B. Demonstrates ability to anticipate the needs of the dentist.</i>	4	3	2	1	<input type="checkbox"/>
<i>C. Demonstrates knowledge of dental terminology.</i>	4	3	2	1	<input type="checkbox"/>

Comments on this student's Proficiency During Dental Procedures:

Other comments:

If you were hiring a dental assistant, would you employ this student? _____ YES _____ NO (IF NO, WHY NOT?)

Dentist's signature _____ Date mailed or faxed _____

NECC faculty signature _____ Date of office visit _____