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.

<table>
<thead>
<tr>
<th>4 EXCELLENT</th>
<th>3 GOOD</th>
<th>2 FAIR</th>
<th>1 POOR</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs at an exceptionally high level</td>
<td>Performs somewhat above an average or satisfactory level</td>
<td>Performs mostly at an average or satisfactory level</td>
<td>Performs below average; work not satisfactory</td>
<td>Student had no opportunity to perform this task</td>
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</table>

1. 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 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

   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:
1. Placing separators.

2. Placing and removing ligatures.

3. Assist with fitting and cementing bands.
   a. Trial fitting of bands.
   b. Cementation of bands.

4. Assist with transfer and bonding of brackets.

5. EXTRA-ORAL RADIOGRAPHS (*REQUIRED TASK): (Check which used. _______Film _______Digital)
   a. Exposure.
   b. Processing.

6. Preparing and delivering dental materials:
   a. ALGINATE (*REQUIRED TASK).
   b. Cements.
   c. Etch/ Composite bonding.
   e. Other materials. (List types. __________________________)

E. Proficiency in laboratory procedures:
1. Pouring models.
2. Trimming plaster models.
3. Fabricating appliances. (List types.):____________________________________________________

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.
2. Disinfects operatory and sterilizes instruments.
3. Disposes of sharps (waste) according to OSHA regulations.

Comments on this student’s Aseptic Technique:

V. PROFICIENCY DURING DENTAL PROCEDURES
A. Demonstrates knowledge of dental procedures.
B. Demonstrates ability to anticipate the needs of the dentist.
C. Demonstrates knowledge of dental terminology.

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 _________________