

**NORTHERN ESSEX COMMUNITY COLLEGE**  
**DENTAL ASSISTING PROGRAM**  
**45 FRANKLIN STREET**  
**LAWRENCE, MA 01841**  
**KERIN HAMIDIANI / DOROTHY VANNAH**  
**(978) 738-7427                      (978) 738-7216**  
**Fax (978) 738-7146**  
[khamidiani@necc.mass.edu](mailto:khamidiani@necc.mass.edu)    [dvannah@necc.mass.edu](mailto:dvannah@necc.mass.edu)

**PRACTICUM EVALUATION FORM**

Student Name \_\_\_\_\_ Externship Office \_\_\_\_\_

*Your evaluation of this student's 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.

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

**I. PROFESSIONAL APPEARANCE**

<i>A. Complies with NECC dress code (e.g. clean uniform, no tobacco odor, good personal hygiene, groomed hair and nails).</i>	4	3	2	1	<input type="checkbox"/>
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**II. PROFESSIONAL CONDUCT**

<i>A. Consistently arrives on time.</i>	4	3	2	1	<input type="checkbox"/>
<i>B. Maintains good attendance.</i>	4	3	2	1	<input type="checkbox"/>
<i>C. Demonstrates honesty (SCORE AS "4" OR "1" ONLY)</i>	4			1	<input type="checkbox"/>
<i>D. Seeks out appropriate help when unsure of procedure.</i>	4	3	2	1	<input type="checkbox"/>
<i>E. Maintains confidentiality of patients and staff and avoids gossip and inappropriate comments.</i>	4	3	2	1	<input type="checkbox"/>
<i>F. Communicates and relates well to dental patients.</i>	4	3	2	1	<input type="checkbox"/>
<i>G. Exhibits work efficiency and willingness to work.</i>	4	3	2	1	<input type="checkbox"/>
<i>H. Is open and responsive to constructive criticism.</i>	4	3	2	1	<input type="checkbox"/>
<i>I. Exhibits a spirit of team-work and cooperation.</i>	4	3	2	1	<input type="checkbox"/>

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

**III. DENTAL ASSISTING SKILLS**

<i>A. Patient/Assistant Preparation</i>					
1. Greets and positions patient.	4	3	2	1	<input type="checkbox"/>
2. Assistant positioning, light positioning (Ergonomics).	4	3	2	1	<input type="checkbox"/>
3. Gives pre and post-operative instructions.	4	3	2	1	<input type="checkbox"/>
<i>B. Proficiency in preparing tray set-ups (List types prepared).</i>					
_____	4	3	2	1	<input type="checkbox"/>
<i>C. Maintaining field of operation:</i>					
1. Evacuating oral cavity.	4	3	2	1	<input type="checkbox"/>
2. Applying air and water.	4	3	2	1	<input type="checkbox"/>
3. Retracting cheeks, lips, tongue.	4	3	2	1	<input type="checkbox"/>

	4 Excellent	3 Good	2 Fair	1 Poor	NA
<b>D. Proficiency in preparing and delivering:</b>					
1. 4-handed techniques:					
a. Passing and receiving instruments.	4	3	2	1	<input type="checkbox"/>
b. Local anesthetic.	4	3	2	1	<input type="checkbox"/>
c. Dental dam.	4	3	2	1	<input type="checkbox"/>
d. Matrix bands.	4	3	2	1	<input type="checkbox"/>
2. RADIOGRAPHS (*REQUIRED TASK): (Check which used _____ Film _____ Digital)					
a. Exposure.	4	3	2	1	<input type="checkbox"/>
b. Processing.	4	3	2	1	<input type="checkbox"/>
c. Mounting.	4	3	2	1	<input type="checkbox"/>
3. Dental materials:					
a. ALGINATE (*REQUIRED TASK).	4	3	2	1	<input type="checkbox"/>
b. Cements.	4	3	2	1	<input type="checkbox"/>
c. Amalgam/ Composite.	4	3	2	1	<input type="checkbox"/>
d. Sealants.	4	3	2	1	<input type="checkbox"/>
e. Other materials (List types _____)	4	3	2	1	<input type="checkbox"/>
<b>E. Proficiency in laboratory procedures:</b>					
1. Pouring models.	4	3	2	1	<input type="checkbox"/>
2. Trimming plaster models.	4	3	2	1	<input type="checkbox"/>
3. Fabricating appliances (List types):					
_____	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 operatory 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

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

#### VI. BUSINESS PROCEDURES

A. Telephone etiquette.	4	3	2	1	<input type="checkbox"/>
B. Filing.	4	3	2	1	<input type="checkbox"/>
C. Use of computer/ fax/ copier for practice management.	4	3	2	1	<input type="checkbox"/>

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 \_\_\_\_\_