

Najran University
College of Dentistry
Dental Internship Training Program

Interns' Clinical Evaluation Form

Name of Intern:

Training Center:

Rota:

Start Date:

End Date:

- Please submit evaluation form to the Intern Program Director at the end of the rotation.

I.	Performance	Poor	Fair	Good	VeryGood	Excellent
		1	2	3	4	5
1	Clinical skills					
2	Appropriate utilization of investigation & decision making					
3	Observance of infection control					
4	Documentation of treatment					
5	Time Management					

II.	Attitude & Ethics	1	2	3	4	5
1	Punctuality and attendance					
2	Discipline and reliability					
3	Attitude towards dental team					
4	Attitude towards patients					
5	Willingness to learn new skills					

IV.	Number of days absent	TOTAL SCORE OUT OF 100
	Number of applied leave days	
Comments:		
Evaluator's name:		
Signature:		
Stamp		
Date:		

- Commendable after training
 Advise to repeat training

Director of Intern Program