

Employer Assessment of KKU Dental Graduates

Instructions:

1. Kindly use the table below to evaluate our graduate/s employed by your institution.
2. Use separate evaluation form for each dental graduate.
3. Name of graduate is optional.
4. It is expected that the direct supervisors of our graduates will complete this form.
5. Please send completed form to the following address:
 email: dentistry@kku.edu.sa OR Fax: **07 2418066 / 07 2418197**
 P.O. Box: 3263 – Abha 61471

Employer name :

#	A. ATTITUDE AND ETHICS	Excellent 5	V. Good 4	Good 3	Fair 2	Poor 1
1	Arrives and starts work on time					
2	Adheres to the rules and policies of the work place					
3	Promptly attends to patients					
4	Understands and responds to patient's needs					
5	Communicates effectively with patients					
6	Relates well with professional colleagues and other health team members					
7	Pays attention to professional ethics and behavior					
8	Eagerness for professional self development					
9	Willingness to participate in community service					
	B. PROFESSIONALISM AND CLINICAL PERFORMANCE					
10	Keeps good clinical records					
11	Takes relevant history and performs clinical examination					
12	Carries out appropriate investigations for proper diagnosis					
13	Makes adequate patient management plan					
14	Implementation of treatment procedures					
15	Observes good time management in relation to patient care					
16	Observes clinic infection control procedures					
17	Critically applies proven and latest patient management methods					
18	Safely manages emergency cases					
19	Follows up patients					
20	Patients' satisfaction with treatment provided					

Comments:

Evaluator's Name: _____ **Date:** / /
Institution: _____
Signature: _____