Unit of Training, Professional Certificates, Internship Program, and Graduation Projects

جامعة الملك خالد
KING KHALID UNIVERSITY
College of Dentistry | كلية طب الأسنان

Case Presentation Assessment Form

Section	Details
Intern Details	
Name:	
Batch Number:	
Date of Presentation:	
Case Title:	
Specialty/Rotation:	☐ Comprehensive Care ☐ Endodontics ☐ Surgery ☐ Prosthodontics ☐ Other: _____

Assessment Criteria

Criteria	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	Unsatisfactory (1)	Remarks
Case Relevance & Complexity	☐	☐	☐	☐	☐	
Clinical Knowledge & Understanding	☐	☐	☐	☐	☐	
Presentation Structure	☐	☐	☐	☐	☐	
Visual Aids (Clarity & Effectiveness)	☐	☐	☐	☐	☐	
Communication Skills	☐	☐	☐	☐	☐	
Problem-Solving & Critical Thinking	☐	☐	☐	☐	☐	
Response to Audience Questions	☐	☐	☐	☐	☐	
Clinical Application	☐	☐	☐	☐	☐	
Time Management	☐	☐	☐	☐	☐	

Feedback Section

Aspect	Comments	
Strengths:		
Areas for Improvement:		
Suggestions for Future Presentations:		
Evaluator Details	**Name:**	
	Position:	
	Date:	