

## Community & Volunteer Dental Project Evaluation Form

Section	Details
<b>Intern Name:</b>	
<b>Project Name:</b>	
<b>Date of Project:</b>	
<b>Evaluator Name:</b>	

### Evaluation Criteria

Criteria	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	Unsatisfactory (1)
Level of involvement in planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Execution and participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation and reporting quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Comments and Feedback

- **Strengths:**

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- **Areas for Improvement:**

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**Signature of Evaluator:** \_\_\_\_\_