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

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

Dental Intern Procedure Assessment Form

Section	Details	
Intern Details	Name: _____	Batch Number: _____
	Rotation/Clinic: _____	Date of Assessment: _____
Patient Details	Patient ID: _____	Date of Visit: _____
	Chief Complaint:	
Case Details	Dental & Medical History Summary:	
	Diagnosis:	
	Treatment Plan:	
	Procedure Performed: (Specify):	

Criteria	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	Unsatisfactory (1)
Case Documentation Accuracy	☐	☐	☐	☐	☐
Compliance with Infection Control Protocols	☐	☐	☐	☐	☐
Manual Dexterity & Precision	☐	☐	☐	☐	☐
Patient Communication Skills	☐	☐	☐	☐	☐
Time Management	☐	☐	☐	☐	☐
Post-Treatment Instructions	☐	☐	☐	☐	☐
Supervisor Feedback	Strengths:				
	Areas for Improvement:				
Signature	Supervisor:				