

Intern Performance Feedback Form

To:

Internship Program Committee, King Khalid University, College of Dentistry

Intern Name:	
Intern ID:	
Rotation Specialty:	
Supervisor Name:	
Date:	

Specialty of Evaluation

Please tick (✓) the relevant specialty:

Specialty	Tick (✓)
Oral and Maxillofacial Surgery	
General Dentistry	
Comprehensive Dentistry	

Evaluation Guidelines

#	Grade	Evaluation	Remarks
1	60 or below	Unsatisfactory	Training must be repeated.
2	61 - 69	Satisfactory	Meets basic performance expectations.
3	70 - 79	Good	Consistently demonstrates competency.
4	80 - 89	Very Good	Exceeds expectations in most areas.
5	90 or above	Excellent	Exemplary performance across all criteria.

Note: Scores below 60 or above 90 must be accompanied by a detailed written explanation addressed to the committee.

Performance Evaluation

Evaluation Criteria	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement	Unsatisfactory (1)	Comments
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professionalism and Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Critical Thinking and Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient Interaction and Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Detailed Supervisor Feedback

Strengths:

Areas for Improvement:

Recommendations for Training or Development:

Overall Evaluation

Overall Grade (Tick One):	Score	Remarks
<input type="checkbox"/> Unsatisfactory	≤ 60	Significant improvement needed; training repetition required.
<input type="checkbox"/> Satisfactory	61–69	Meets basic standards; requires targeted development.
<input type="checkbox"/> Good	70–79	Generally competent; consistent performance.
<input type="checkbox"/> Very Good	80–89	Exceeds expectations; demonstrates strong capabilities.
<input type="checkbox"/> Excellent	≥ 90	Outstanding performance; exemplary in all areas.

Supervisor's Name and Signature:

Intern Attendance Checklist

Period: January 2025 – February 2025

Day	Date	Intern Signature
Wednesday	2025-01-01	
Thursday	2025-01-02	
Sunday	2025-01-05	
Monday	2025-01-06	
Tuesday	2025-01-07	
Wednesday	2025-01-08	
Thursday	2025-01-09	
Sunday	2025-01-12	
Monday	2025-01-13	
Tuesday	2025-01-14	
Wednesday	2025-01-15	
Thursday	2025-01-16	
Sunday	2025-01-19	
Monday	2025-01-20	
Tuesday	2025-01-21	
Wednesday	2025-01-22	
Thursday	2025-01-23	
Sunday	2025-01-26	
Monday	2025-01-27	
Tuesday	2025-01-28	
Wednesday	2025-01-29	
Thursday	2025-01-30	

Day	Date	Intern Signature
Sunday	2025-02-02	
Monday	2025-02-03	
Tuesday	2025-02-04	
Wednesday	2025-02-05	
Thursday	2025-02-06	
Sunday	2025-02-09	
Monday	2025-02-10	
Tuesday	2025-02-11	
Wednesday	2025-02-12	
Thursday	2025-02-13	
Sunday	2025-02-16	
Monday	2025-02-17	
Tuesday	2025-02-18	
Wednesday	2025-02-19	
Thursday	2025-02-20	
Sunday	2025-02-23	
Monday	2025-02-24	
Tuesday	2025-02-25	
Wednesday	2025-02-26	
Thursday	2025-02-27	

Supervisor's Signature: _____