ADVANCED EDUCATION IN GENERAL DENTISTRY FACULTY EVALUATION FACULTY: DATE:

Please complete the following confidential evaluation for the above faculty member. Please do not write your name on the form. The following 5 to 1 rating scale will be used, where 5 will always represent an excellent or the most favorable rating and 1 will always represent a poor or unfavorable evaluation.

1.	How knowledgeable is the faculty member?	?					
		5	4	3	2	1	n/a
2.	How effectively does the faculty member co	onvey	meanin	igful inf	ormatic	n via	
	a. discussion	5	4	3	2	1	n/a
	b. demonstration	5	4	3	2	1	n/a
	c. clinical supervision	5	4	3	2	1	n/a
3.	· · · · · · · · · · · · · · · · · · ·						
		5	4	3	2	1	n/a
4.	How helpful is the faculty member?						
		5	4	3	2	1	n/a
5.	How is the faculty member's availability and accessibility?						
		5	4	3	2	1	n/a
6.	To what extent is the faculty member punct	ual?					
		5	4	3	2	1	n/a
7.	To what extent does the faculty member demonstrate						
	a. a positive attitude towards you	5	4	3	2	1	n/a
	b. a positive attitude towards your patients	5	4	3	2	1	n/a
	c. a positive attitude towards his/her						
	responsibilities	5	4	3	2	1	n/a
8.	To what extent does the faculty member demonstrate professionalism?						
		5	4	3	2	1	n/a
9.	To what extent is the faculty member a role	mode	l for yo	u?			
		5	4	3	2	1	n/a
10.	To what extent is the faculty member an asset to the AEGD Program?						
		5	4	3	2	1	n/a

ADDITIONAL COMMENTS: