

**RESIDENT SURVEY OF PROGRAM  
INSTITUTIONAL AND PROGRAM EFFECTIVENESS**

1. Do you have the same privileges and responsibilities provided residents in other professional education programs at this institution?      YES      NO      N/A

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Based on your knowledge of the program, have overall program goals and objectives been developed?      YES      NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

3. Do the overall program goals and objectives emphasize general dentistry, resident education, and patient care?      YES      NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Have you been given the opportunity to evaluate if the program has met its stated goals and objectives?      YES      NO

Comments: \_\_\_\_\_  
\_\_\_\_\_