

**TREATMENT PLANNING/CASE PRESENTATION EVALUATION**

RESIDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**RATING**

Outstanding-1      Good-2      Satisfactory-3      Marginal-4      Unsatisfactory-5

**1. CASE PRESENTATION**

A. Oral Communication \_\_\_\_\_  
B. Written Documents/PowerPoint \_\_\_\_\_  
C. Clinical Photographs \_\_\_\_\_  
D. Radiographs \_\_\_\_\_  
E. Quality of Case Materials \_\_\_\_\_  
F. Clear and Concise \_\_\_\_\_

**2. TREATMENT PLAN**

A. Diagnosis/Chief Complaint \_\_\_\_\_  
B. Medical Considerations \_\_\_\_\_  
C. Appropriateness of Treatment \_\_\_\_\_  
D. Sequencing of Treatment \_\_\_\_\_  
E. Patient Management \_\_\_\_\_  
F. Appropriate Referrals \_\_\_\_\_

**3. TREATMENT RATIONAL**

A. Professional Knowledge \_\_\_\_\_  
B. Logic/Reasoning \_\_\_\_\_  
C. Supported by Current Research \_\_\_\_\_  
D. Time and Resource Considerations \_\_\_\_\_

**4. PROFESSIONAL Demeanor**

A. Appearance and Bearing \_\_\_\_\_  
B. Use of Proper Terminology \_\_\_\_\_  
C. Attitude Towards Audience \_\_\_\_\_  
D. Consideration and Respect  
for Patient \_\_\_\_\_

**5. OVERALL PERFORMANCE RATING** \_\_\_\_\_

**6. COMMENTS:**

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Name of Evaluator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_