

**BLOCK/COMMUNITY SERVICE-LEARNING
STUDENT EVALUATION FORM**

STUDENT NAME: _____

DATE: _____

COMMUNITY SERVICE – LEARNING SITE: _____

DATE	# OF HOURS AT SITE/BLOCK	# AND AGE OF RANGE OF PATIENTS	PERIODONTAL DISEASE (MILD, MODERATE, OR SEVERE)	DIFFICULTY LEVEL (L, M, H)	MEDICAID (YES/NO)	SERVICES RENDERED	# AND TYPE OF RADIOGRAPHS	SUPERVISOR INITIALS

Evaluation of Student Performance: Please evaluate this student's performance while at your site by circling the appropriate response. Please take into consideration of treatment presented by various patients, your observations of other students and the educational level of the student.

COGNITIVE SKILLS	Always	Often	Usually	Sometimes	Seldom	Never	N/A
Systematic, thorough, logical in approach to treatment planning and execution.	5	4	3	2	1	0	N/A
Treatment takes into consideration medical problems the patient may have.	5	4	3	2	1	0	N/A
Adapts preventative services to meeting individual patient needs.	5	4	3	2	1	0	N/A
Applies basic and clinical science knowledge to the solution of clinical problems.	5	4	3	2	1	0	N/A

PROFESSIONAL ATTITUDES AND HABITS	Always	Often	Usually	Sometimes	Seldom	Never	N/A
Professional in appearance and demeanor.	5	4	3	2	1	0	N/A
Clean and orderly in the clinic area.	5	4	3	2	1	0	N/A
Begins procedures promptly.	5	4	3	2	1	0	N/A
Checks work for accuracy	5	4	3	2	1	0	N/A
Keeps records accurate, up-to-date, and legible.	5	4	3	2	1	0	N/A
Empathetic, informative, and considerate in his/her relationship with patients.	5	4	3	2	1	0	N/A
Effective at putting patients at ease.	5	4	3	2	1	0	N/A

Site Supervisor Comments and Signature: _____

Numbers of hours at this site: _____