

## DENTAL RESIDENT EVALUATION REPORT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Prosthodontic Resident: \_\_\_\_\_ year, University of MD

Rating Period:

Rating: 1 = Outstanding 2 = Good 3 = Satisfactory 4 = Marginal  
5 = Unsatisfactory

1. Academic Performance
  - a. Oral Communication: \_\_\_\_\_
  - b. Written Communication: \_\_\_\_\_
  - c. Participation: \_\_\_\_\_
  - d. Professional Knowledge: \_\_\_\_\_
  - e. Logic/Reasoning: \_\_\_\_\_
2. Clinic Performance
  - a. Examination/Diagnosis: \_\_\_\_\_
  - b. Treatment Planning: \_\_\_\_\_
  - c. Treatment Skills: \_\_\_\_\_
  - d. Records Management: \_\_\_\_\_
  - e. Time Management: \_\_\_\_\_
3. Personal & Professional Attributes
  - a. Attitude: \_\_\_\_\_
  - b. Initiative/Motivation: \_\_\_\_\_
  - c. Sound Judgement: \_\_\_\_\_
  - d. Interpersonal Relations: \_\_\_\_\_
  - e. Patient-Dentist Relations: \_\_\_\_\_
  - f. Responsibility: \_\_\_\_\_

4. Overall Performance Rating: \_\_\_\_\_  
(Comments required for a rating of 1 out of 5)

Comments:

I have been counseled regarding this evaluation: \_\_\_\_\_

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Carl F. Driscoll, DMD, Program Director