



HPR 180 Pre-Dental Hygiene Internship Evaluation Form



Applicant Information/Release Form (to be filled out by student)

| | |
|-----------------------------|-------|
| Student Name (first, last): | S# |
| Student Signature: | Date: |

Evaluation: (To be filled out by the intern’s direct supervisor or the supervising dentist. . Please complete this form and email, fax or mail to the Internship Director or return it to the intern (in a sealed envelope). This Evaluation Form must be **received** prior to the end of the term in which the intern is registered for credit.

Reference Information

| | | |
|---|-------------------------------------|--------|
| Supervisor Name: | Position: | |
| Start Date of Internship (DD/MM/YYYY) | End Date of Internship (DD/MM/YYYY) | |
| Address: | | |
| Phone: | Fax: | Email: |
| Preferred method of contact for verification (method and time): | | |

For each of the following, please check the rating that most accurately describes the applicant’s standing in the following areas:

| | Unknown or Not Covered | Below Expectation | Meets Expectation | Exceeds Expectation | Exceptional |
|--|------------------------|-------------------|-------------------|---------------------|-------------|
| Team Concept | | | | | |
| Work ethics | | | | | |
| Personal professionalism (Conduct and Appearance) | | | | | |
| Health and safety | | | | | |
| Asepsis | | | | | |
| Personal protective equipment use | | | | | |
| Film processing and darkroom procedures. | | | | | |
| Sterilization and care of dental instruments | | | | | |
| Fundamental patient education | | | | | |
| Basic health care ethics | | | | | |

For each of the following, please check the rating that most accurately describes the applicant's standing in the following areas:

| | Unknown or Never | Rarely | Sometimes | Frequently | Consistently |
|--|------------------|--------|-----------|------------|--------------|
| Dependability | | | | | |
| Professionalism | | | | | |
| Leadership potential | | | | | |
| Ability to work independently | | | | | |
| Works well with others | | | | | |
| Ability to learn new tasks/skills | | | | | |
| Meets work/academic expectations | | | | | |
| Communications skills | | | | | |
| Ability to accept criticism | | | | | |
| Demonstrates a positive attitude | | | | | |

Additional Comments: (Please put any additional comments you might have here. Please use the back of the form or an additional sheet of paper if needed.)

If this intern were applying to a dental hygiene school how would you rate them?

Highly recommend Recommend Recommend with reservations Do not recommend (please comment in the space above)

I certify that the above statements are true and correct to the best of my knowledge

| | |
|-------------------------|-------|
| Signature of Reference: | Date: |
|-------------------------|-------|

Send to:

Mail:
Jay McLaughlin – Internship Director
500 Kennedy Drive
Rangely, CO 81648

Email:
jay.mclaughlin@cnc.edu

Fax:
(970) 675-5046

Questions may be directed to the above email or phone (970) 675-3254