



Dental Assisting INSTITUTE

Student Externship

You are required to work minimum 3 Months (200 Hours)

Student: _____

Date: _____ Office: _____

Office Address: _____

Office Phone #: _____ Supervisor: _____

The student has assisted the Dentist in the following procedures: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Charting | <input type="checkbox"/> Dental Dams |
| <input type="checkbox"/> Polishing/Fluorides | <input type="checkbox"/> Matrix Bands |
| <input type="checkbox"/> Alginate Impressions | <input type="checkbox"/> Temporary Fillings |
| <input type="checkbox"/> Periodontal Dressing | <input type="checkbox"/> Sealants |
| <input type="checkbox"/> Topical Anesthetic | <input type="checkbox"/> Pre Fab Crown and Bridge |
| <input type="checkbox"/> Suture Removal | <input type="checkbox"/> Sterilization |
| <input type="checkbox"/> Retraction Cord | |
| <input type="checkbox"/> Pouring Models | |

Employment Dates: From: _____ To: _____ Hours Completed: _____

Evaluation of Student:

	Excellent	Good	Fair	Unsatisfactory
Ability				
Attendance				
Professionalism				
Assertivness				
Desire to Learn				
Apperance				

Would you recommend this student for hire? Yes or No

Additional Comments: _____

Dentist Signature: _____

Dentist Lic # _____

Externship Hours Log - 3 Months (200 Hours)

[illegible]