



Dental Assisting

INSTITUTE

40 Hour Student Internship Practicum

Student: _____ Date: _____

Office: _____

Office Address: _____

Office Phone #: _____ Supervisor: _____

The student has received training or instruction in the following procedures: (Check all that apply)

_____ Charting	_____ Dental Dams
_____ Polishing/Fluorides	_____ Matrix Bands
_____ Alginate Impressions	_____ Temporary Restorations
_____ Periodontal Dressing	_____ Sealants
_____ Topical Anesthetic	_____ Temp Crown and Bridge
_____ Suture Removal	_____ Sterilization
_____ Retraction Cord	_____ Radiology
_____ Pouring Models	_____ Ortho Bands

Hours Completed: _____

Evaluation of Student:

	Excellent	Good	Fair	Unsatisfactory
Ability				
Attendance				
Cooperation				
Productivity				
Desire to Learn				

Would you recommend this student for hire? Yes or No

Additional Comments: _____

Dentist Signature: _____

Dentist Lic # _____