

# Clinical Evaluation Form Sample

This **clinical evaluation form** sample is designed specifically for dental students to assess their practical skills and patient management during clinical sessions. It ensures systematic tracking of students' progress and identifies areas for improvement. Utilizing this form promotes standardized evaluation and enhances the learning experience in dental education.

## Student & Session Information

Student Name	<input type="text"/>	Student ID	<input type="text"/>
Date	<input type="text"/>	Session	<input type="text"/>
Instructor	<input type="text"/>		

## Clinical Skills Assessment

Criteria	Excellent (5)	Good (4)	Average (3)	Needs Improvement (2)	Poor (1)
<b>1. Communication Skills</b>					
Obtaining patient history & informed consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective patient communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>2. Clinical Procedure</b>					
Knowledge of procedure steps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical skill & safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3. Patient Management</b>					
Infection control compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall patient care and comfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Feedback & Recommendations

Strengths:

Areas for Improvement:

Instructor's Recommendations:

## Signatures

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Instructor Signature & Date

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Student Signature & Date