



Professional Evaluation

_____ worked in your office on _____.

In order to maintain our commitment to quality and service, we would appreciate your assistance by completing this form. This evaluation is a tool to let us know how the individual performed and is our way of tracking, coaching, and counseling our referred personnel. **Please return this form as soon as possible by fax to 425-747-5843.** If you have any questions please call our office at 425-747-8095 or 800-303-8095.

Office: _____ Evaluation Completed By: _____

FOR ALL REFERRED PERSONNEL:
Please rate the specific skills the professional demonstrated in your office:

Punctuality	Good	Fair	Poor
Attitude	Good	Fair	Poor
Cooperation	Good	Fair	Poor
Professionalism	Good	Fair	Poor
Timeliness	Good	Fair	Poor
Thoroughness	Good	Fair	Poor
Patient interaction	Good	Fair	Poor
Communication	Good	Fair	Poor

FOR DENTAL ASSISTANTS ONLY:
Please rate the specific skills the dental assistant demonstrated in your office:

Punch/Place Dam	Good	Fair	Poor
Temporary Crowns	Good	Fair	Poor
Chair-side Assisting	Good	Fair	Poor
Sterilization	Good	Fair	Poor
X-rays	Good	Fair	Poor

OVERALL EVALUATION	GOOD	FAIR	POOR
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Would you consider having this professional return to your office? _____

Comments: _____
