

West Los Angeles College, Department of Dental Hygiene
Patient Service Tracking and Clinical Performance Evaluation Form

Date (MM, DD, YYYY) 03/02/2023	Student's Name Bruna Reth	Clinic Site: WLAC - Chair 6	Time patient was seated 1:10pm																
Patient's Description	Age: 36 Race: White Gender: M <input checked="" type="radio"/> F or Other Identification ()	Age Class: Child Adolescent or () Patient's Initial: MW WLAC student Adult Geriatric																	
Medical Precautions	none	Patients with Special Needs? Yes <input type="radio"/> No <input checked="" type="radio"/>	First Check-In Time																
Vitals & ASA	BP: 117/79 P: 89 R: 16 T: 99	ASA (I) II III IV	Second Check In Time																
AAP Perio Stage (2018 ver.)	H G P-I P-II P-III P-IV IMP	Red Perio																	
WLAC Calc. Code	1Lt. 2Lt. 3LtM 4M 5MH 6H	Need Referral? YES NO																	
Pain Control (Indicate #'s of injections in a correct side of the cell with initial)	<table border="1"> <tr> <td>ASA</td> <td>MSA</td> <td>AMSA</td> <td>PSA</td> <td>GP</td> <td>NP</td> <td>Supra-perioosteal</td> <td>Tooth #</td> </tr> <tr> <td>IA</td> <td>Lingual</td> <td>BUCCAL</td> <td>INCISIVE</td> <td>MENTAL</td> <td>OTHER</td> <td>PO2 Level</td> <td>N2O Duration</td> </tr> </table>	ASA	MSA	AMSA	PSA	GP	NP	Supra-perioosteal	Tooth #	IA	Lingual	BUCCAL	INCISIVE	MENTAL	OTHER	PO2 Level	N2O Duration		Time patient was dismissed
ASA	MSA	AMSA	PSA	GP	NP	Supra-perioosteal	Tooth #												
IA	Lingual	BUCCAL	INCISIVE	MENTAL	OTHER	PO2 Level	N2O Duration												

Instructor's Summative Evaluation

Medical Assessment (Vital signs, Medications, Documentations, Presentation)	A NI R
Oral & Dental Assessment (E&I exam, Occlusion, Caries, Gingival Description, Probing, Recession, MGI, Furcation, Mobility, Radiographs, Calculus Classification, Periodontal Classification)	A NI R
Treatment Plan (Evaluation of the original plan and modification of the plan)	A NI R
Oral Hygiene (Plaque Index, OH Plan and Instruction)	A NI R
Instrumentation (Instrumentation principles, Selection of instruments, Technique, Sharpening, Ultrasonic)	A NI R
Pain Control (Selection, Patient management, Technique, Nitrous Oxide)	A NI R
Supportive Treatments (Fluoride, Chemotherapeutic Tx, Polishing, Sealants, Desensitizing, Soft Tissue Curettage (Tooth # and Surface))	A NI R
Clinic Management (Patient Management, Time Management, Documentation, Presentation, Communication, Professionalism, Infection Control, Application of Knowledge, Critical Thinking)	A NI R
Critical Error, or Unsafe Practice for patient, instructor, staff, and/or student.	Yes <input type="radio"/> No <input checked="" type="radio"/>
Poor Performance Points *Refer to the course syllabus	
Excellent Performance Points	

(A = Acceptable NI = Needs Improvement R = Remediation)

Instructor's Observation

outstanding radiograph technique

Practice documentation on tx Planning form

Suggested Remediation Plan

Product Grading Score: _____ pts.
 Procedure: *Radiographic technique* (Light Med MH H) Score: **4**
 Procedure: _____ Score: _____

Circle the teeth scaled and mark P = plaque missed, C = calculus missed, S = stain, T = trauma

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Service Completed by Student:

Assess. Only _____ FM completion _____ Fluoride TX _____ # of teeth treated _____

Student's Self-Evaluation

Areas of Strength	Areas Needs to Improve/ Future Action Plans
<i>Greeting pt, setting up chair, using loupes and light position.</i>	<i>Work on getting faster first check-in</i>

Instructor's Signature: _____

Student's Signature: *Bruna*

Must have Instructor's Initial for credit.

White Sheet - Advisor

Yellow Sheet - Clinical Instructor

Pink Sheet - Student

Revision 1/2022