

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

Date (MM, DD, YYYY) <b>04/27/23</b>	Student's Name <b>Bruna Ritt</b>	Clinic Site: <b>WLAC - R3</b>	Time patient was seated <b>1:00pm</b>																
Patient's Description	Age: _____ Age Class: Child Adolescent Adult Geriatric Race: White Black Asian Hispanic or ( _____ ) Gender: M F or Other Identification ( _____ )	Patient's Initial: <b>SR</b> WLAC student																	
Medical Precautions		Patients with Special Needs? Yes No	First Check-In Time																
Vitals & ASA	BP: / P: R: T: ASA I II III IV																		
AAP Perio Stage (2018 ver.)	H G P-I P-II P-III P-IV IMP Red Perio	Need Referral? YES NO	Second Check in Time																
WLAC Calc. Code	1Lt. 2Lt. 3LtM 4M 5MH 6H																		
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-periosteal</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-periosteal	Tooth #	IA	Lingual	BUCCAL	INCISIVE	MENTAL	OTHER	PO2 Level	N2O Duration		Time patient was dismissed <b>2:30pm</b>
ASA	MSA	AMSA	PSA	GP	NP	Supra-periosteal	Tooth #												
IA	Lingual	BUCCAL	INCISIVE	MENTAL	OTHER	PO2 Level	N2O Duration												

Instructor's Summative Evaluation

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

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 No
Poor Performance Points *Refer to the course syllabus	
Excellent Performance Points	

Instructor's Observation

**X-Rays BWX + Pano**

*good job!*

Suggested Remediation Plan

Product Grading Score: \_\_\_\_\_ pts.  
(Light Med MH H)  
Procedure: \_\_\_\_\_ Score: \_\_\_\_\_  
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

Instructor's Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Must have Instructor's Initial for credit

How Sheet - Clinical Instructor

Pink Sheet - Student

Revision 1/2022