



Evaluation Form
Colorado Northwestern Community College
HPR 180 Pre-Dental Hygiene Internship



Intern's Name: _____ (print name)	Social Security Number: XXXX-XX-_____
I hereby waive any rights as outlined in the Family Education and Rights to Privacy Act to inspect this Reference Form as part of my educational records.	
Intern's Signature: _____ (signature)	Date: _____

Release Form: (To be filled out by student)

Evaluation: (To be filled out by the intern's direct supervisor or the supervising dentist. . Please complete this form and fax or mail to the address listed above, or return it to the intern (in a sealed envelope). This Reference Form must be *received* prior to the end of the term in which the intern is registered for credit.

1. How long have you known the Intern? _____ months _____ years
2. How well would you say you know the intern? _____ Very Well _____ Moderately Well
 _____ Not Well _____ Other (please specify)
3. For each of the specified tasks please mark how well you felt the Intern learned and performed the task. Please include specific comments on any of the tasks in the space below.

	Truly Exceptional	Excellent	Above Average	Average	Below Average	No Comment	Task not Performed
Team Concept							
Work Ethics							
Personal Professionalism							
Health and Safety							
Asepsis							
Personal Protective Equipment Use							
Film Processing and Darkroom Procedures							
Sterilization and Care of Dental Instruments							
Fundamental Patient Education							
Basic Health Care Ethics							

If additional techniques or task were listed in the Memorandum of Understanding please list below. Please use the back of the form or an additional sheet of paper if needed.



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4. Please also evaluate the Intern on the following criteria:

	Truly Exceptional	Excellent	Above Average	Average	Below Average	No Comment
Integrity and ethical conduct						
Emotional maturity						
Ability to work independently						
Ability to work with others						
Ability to accept criticism						
Organizational skills						
Professionalism						
Academic knowledge						

Additional Comments: (Please put any additional comments you might have here. Please use the back of the form or an additional sheet of paper if needed.)

5. If this intern were applying to a dental hygiene school how would you rate them?

___ Highly recommend ___ Recommend ___ Recommend with reservations

6. Additional Comments: (Please put any additional comments you might have here. Please use the back of the form or an additional sheet of paper if needed.)

Name/Degrees of Referrer: _____
 (print name)

Position or Title of Referrer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Signature: _____
 (sign name)

Date: _____

Please return this form to the Internship Director:

Dr. Jay McLaughlin

500 Kennedy Drive

Rangely, CO 81648

Phone : (800) 562-1105 x254 or (970) 675-3254

Fax: (970) 675-8896

Email: jay.mclaughlin@cnc.edu