ANNEX – B:

EVALUATION PROFORMA FOR STUDENTS UNDERTAKING ELECTIVE ROTATIONS AT RAHBAR COLLEGE OF DENTISTRY

INSTRUCTIONS:

1. Part – I of this form is to be filled by the student undertaking elective.
2. Part – II & III of this form is to be filled in by the supervisor. In case more than one consultant are supervising the elective rotation the one with maximum contact with the student is requested to fill in the form.
3. Part – IV of this form is to be filled by the DDE of Rahbar College of Dentistry.

PART – I:

1.	Name of student:	
2.	Class:	
3.	Roll Number:	
4.	Session:	
5.	Program:	BDS
6.	Father / Guardian name:	
7.	Institute where elective rotation was done:	
8.	Department:	
9.	Start date:	
10.	End date:	
11.	Duration in days:	

PART – II:

1.	Name of Supervisor:	
2.	Designation:	
3.	Department:	
4.	Institute:	
5.	Degree of contact with the student (tick as appropriate):	Daily / Occasionally / Rarely
6.	Total duration of elective:	
7.	Days attended:	

PART – III:

S No	Domain (Please tick the appropriate column regarding following aspects of this students' performance)	Unacceptable	Marginal Performance (needs improvement)	Typical Performance (expected of a comparable student)	Superior Performance (top 20%)	Outstanding Performance (top 5%)
I.	Depth & integration of pertinent clinical and basic science knowledge					
II.	Outlines rational plan for investigation					
III.	Obtains confidence and cooperation of patients					
IV.	Establishes priorities and institutes an appropriate plan of treatment					
V.	Recognizes an emergency situation and manages it appropriately					
VI.	Maintains complete and orderly records					
VII.	Demonstrates enthusiasm					
VIII.	Demonstrates realistic appreciation of his/her own competence and limitations					
IX.	Demonstrates honesty in admitting errors					
X.	Accepts direction or criticism comfortably					
XI.	Takes initiative/works independently					
XII.	Punctual, attended all conferences / learning activities					
XIII.	Contributing member of team					

XIV.	Works well with and shows respect for members of the health care team					
XV.	Well organized, analytic					
XVI.	Reliable and responsible / completes assigned tasks					

Signature of Supervisor with stamp & date:

PART – IV:

1. Evaluation Performa received by DDE on:

   Received by:

2. Seen by DDE:

3. Seen by Principal: