Professional Evaluation for Dental Professionals

_____worked in our office on _____

as a Dentist Dental Hygienist Dental Assistant Receptionist (circle one) Other _____.

We welcome your comments and feedback regarding our dental professional who was assigned to your practice. Your evaluation allows us to counsel our referred personnel and to better serve you. Please fax this form to us at 206 764 0928 or mail it to us at 4700 42nd Ave. SW Suite 460, Seattle, WA. 98116.
You may also access this form on our web site at www.dentalp.com and email it to us at dp@dentalp.com.
If you have any immediate concerns or questions please call us at 206 767 4851.

	Excellent	Good	Average	Weak	Cannot Assess
Skill Assessment/Knowledge	☐	☐	☐	☐	☐
Professionalism	☐	☐	☐	☐	☐
Treats Patients w/Dignity and Respect	☐	☐	☐	☐	☐
Compassion Towards Patients	☐	☐	☐	☐	☐
Attitude	☐	☐	☐	☐	☐
Initiative to Support Office	☐	☐	☐	☐	☐
Teamwork With Staff	☐	☐	☐	☐	☐
Communication	☐	☐	☐	☐	☐
Punctuality	☐	☐	☐	☐	☐
Appearance	☐	☐	☐	☐	☐
OVERALL RATING	☐	☐	☐	☐	☐

Comments: _____

_____

_____

_____

_____

_____

Would you consider having this dental professional return to your office? **Yes** ☐

No ☐

Practice: _____ **Date:**_____

Evaluator: _____