

**Department of Preventive Dental Sciences  
DIVISION OF PERIODONTICS**

**411 PDS**

**Clinical Competency Exam I (10%)**

**SCALING & ROOT PLANING EXAM**

**Student Name:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**File No.:** \_\_\_\_\_

**Teeth Selected:** \_\_\_\_\_

<b>Clinical Procedure</b>	<b>Grade 10</b>	<b>Grade 10</b>	<b>Average</b>	<b>Instructor's I Signature</b>	<b>Instructor's II Signature</b>
<b>Neatness</b>					
<b>Competence</b>					
<b>Time management</b>					
<b>Instrument Sharpness</b>					
<b>Tissue management</b>					
<b>Scaling and root planning</b>					
<b>TOTAL</b>					

**STUDENT SIGNATURE:** \_\_\_\_\_

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**Clinical Competency Exam II (10%)  
Case Presentation**

**Student Name:** \_\_\_\_\_

**Group Number** \_\_\_\_\_

<b>Performance</b>	<b>Grade 10%</b>	<b>Grade 10%</b>	<b>Signature I</b>	<b>Signature II</b>
<b>Preparation</b>				
<b>Organization</b>				
<b>Confidence</b>				
<b>Scientific back ground</b>				
<b>Discussion</b>				
<b>TOTAL Grade</b>				