

TalEval Grade Form
From the ADHA DH Process of Care

Assessment:

Risk						
SubCompetency	+	✓	✗	N/A	Comm	
Further QUESTIONS Findings	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
USES references	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Vital Signs accurate techniques	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
NOTIFIES Instructor of risk factors before check-in	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Documents appropriately in medical alert box	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Documents medications and contraindications	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Documents lifestyle RISK factors	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Documents a concise statement "summary of health"	8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
UPDATES history at successive and recall appts	9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Ebo						
SubCompetency	+	✓	✗	N/A	Comm	
Technique - visual, palpation, auscultation, order	10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
I.D. ABNORMALITY, measures, describes, DOCUMENTS	11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Assessment UPDATE at successive and recall appts.	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Ocd						
SubCompetency	+	✓	✗	N/A	Comm	
Angle's classification	13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Overjet - Underbite	14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Overbite - Openbite	15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Crossbite	16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Deviations	17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Parafunctional habits	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Study Models: interpretation	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Perio						
SubCompetency	+	✓	✗	N/A	Comm	
Gingival description: condition, color, size, shape, texture	20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Recession measurements	21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Pocket measurement accuracy	22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
C.A.L. Measures zone of attached gingiva, notes clinical attachment level	23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Bleeding points noted	24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Mobility accurately classified and documented	25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Furcation involvement (symbols on chart)	26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Etiological Factors	27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Accuracy of summary statement of perio status AAP/EFP Stage & Grade documented	29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Rad						
SubCompetency	+	✓	✗	N/A	Comm	
PRESCRIPTION prior to taking radiographs	28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
APPROVAL prior to taking retakes	30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Interpretation/correlation: EO/IO perio + hard tissue exam	31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
NAME/DATE on radiographs computerized records	32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Technique/ process	33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
CONFERS with Dr. on diagnosis	34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Hrd tis						
SubCompetency	+	✓	✗	N/A	Comm	
Missing teeth I.D.	35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Restoration I.D.	36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Caries I.D.	37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
ABNORMALITY I.D., rotations, versions, migrations	38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
UPDATES at successive and recare appointments	39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Dep						
SubCompetency	+	✓	✗	N/A	Comm	
Supra underassessed /overassessed	40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Sub underassessed/overassessed	41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Soft deposit assessment and indices	42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Assessment of stain	43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
UPDATES AT SUCCESSIVE APPOINTMENTS	44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

The + gives no points. The ✓ is one error The X is two or more errors The N/A gives no points or losses

Critical Errors are listed in Red. These errors take points off the Total TalEval Grade of Student making the errors

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Planning

TP ▾						
SubCompetency		+	✓	×	N/A	Comm
Formulates, presents dental hygiene diagnosis applies evidence-based decision making	45	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Prioritizes on patient's needs, changes as needed	46	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Has realistic goals for the process of care	47	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Plans the correct number/sequence of appointments	48	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PLANS for pain control and stress reduction	49	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Plans timeframe for recare appointments	50	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Explains the need for referral to a specialty practice	51	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Explains plan, alternatives, expected outcomes, expenses	52	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Patient CONSENT of plan confirmed with signatures	53	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Implementation:

Prev ▾						
SubCompetency		+	✓	×	N/A	Comm
EDUCATES patient on conditions, needs, and commitment	54	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Overall health condition CONSIDERED in instruction	55	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Correct toothbrush and technique taught	56	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
CORRECT interdental aids and techniques taught	57	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Presentation - delivery, LAY TERMS, visual aids, etc.	58	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Plaque index explained to patient	59	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Patient as plaque free as possible after OHI	60	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Tobacco cessation as NEEDED utilizing current methodology	61	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Dietary Counseling and lifestyle concerns	62	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Selective coronal polishing: explains, uses correct techniques	63	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Topical fluoride treatment: explains correct data	64	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fluoride self care instruction as indicated	65	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Care of restorations, oral appliances, dentures	66	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pit & Fissure sealants as prescribed, techniques, results	67	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Antibacterial placement agents (Arestin, etc.)	68	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Chemotherapeutic agents (chlorhexidine, etc.)	69	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Desensitizing indications, products, techniques	70	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
UPDATES at successive and recare appointments	71	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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Pain C						
SubCompetency	+	✓	x	N/A	Comm	
INDICATIONS/CONTRAINDICATIONS - clinician's judgement	72	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
EXPLAINS the need, procedure, post op, precautions	73	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
SELECTION of type of local anesthetic	74	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Topical anesthetic APPLICATION	75	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Local anesthesia set up/administration TECHNIQUE	76	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sedation: preparation/monitoring	77	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Anti-anxiety measures (pre-sedation) clinician's JUDGEMENT	78	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
DOCUMENTS record: type, amount, effectiveness, reactions	79	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Inst						
SubCompetency	+	✓	x	N/A	Comm	
Appropriate indications for ultrasonics, deposits, health status, risks	80	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Explanation of procedure to patient	81	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Equipment preparation: PT/OP protections, safety/tip selection	82	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pt/op positioning-neutral wrist, clock/handle position with ultrasonic	83	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Technique-placement and movement of ultrasonic tip/fulcrum	84	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Retraction of soft tissue, avoids spray on patients face	85	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fluid control suction, pt. not swallowing fluid, debris during ultrasonic or hand instrumentation	86	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pt/op positioning-neutral wrist during hand instrumentation	87	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Retraction/indirect vision	88	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Instrument selection, correct for area (end/edge) sharpness	89	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Grasp (no split) fulcrum finger advanced, "C" thumb-index	90	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fulcrum placement, use, pivot, not traveling	91	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Parallelism- facial/lingual(way tooth grows)	92	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Subgingival insertion at line angle, toe leads at 0 degrees	93	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Exploratory stroke first, reposition under deposit	94	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Adaptation: face of toe third on tooth	95	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Activation: whole hand as unit, press while opening	96	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Angulation 45-80 not closing on face during stroke	97	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pressure: lt-mod scaling, very light planing, no scraping	98	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Stroke control: <2mm bite scaling/long light shave planing	99	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Vertical or oblique strokes for scaling, horizontal for planing	100	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
HANDS STEADY, no visible shaking or trembling	101	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Removal of extrinsic stain and biofilm	102	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Finish by flossing, and uses subgingival irrigation PRN	103	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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Calc						
SubCompetency	+	✓	×	N/A	Comm	
% supra removed	104	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
% sub removed	105	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
NO LACERATIONS	106	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
no burnished calculus	107	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
self evaluates (air, explores) states where calculus remains	108	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Evaluation

QA						
SubCompetency	+	✓	×	N/A	Comm	
Organization, sequence in appointment procedures	109	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Equipment preparation set up/break down	110	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
DOCUMENTATION, entries incomputerized record control	111	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No gloves at check in, gloves on at check out	112	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reason for visit discussed & documented	113	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Treatment record page documented	114	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Patient's name/date on every page	115	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Makes certain all chart entries have signatures	116	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Completes student QA chart review	117	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Treatment plan is patient centered and followed to completion	118	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Student evaluation of care (treatment results documented)	119	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Continued/comprehensive care - referrals recommended	120	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Recare appointment times scheduled	121	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



Every time you find an error, click on the comment icon and describe the error and solution for correction.

You can use the comment feature to compliment and encourage the student. You can describe the findings and patient treatment. The number of the item and your initials automatically appear in the comment field.

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SubCompetency	+	✓	✗	N/A	Comm	
Attendance, arrives on time/does not leave early	122	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Time management	123	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Infection control and PATIENT SAFETY	124	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ALL CRITICAL Appearance, demeanor, attitude, composure, judgment	125	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Consent forms SIGNED QQ	126	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Discretion and patient PRIVACY	127	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Patient management, rapport, compassion	128	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Teammate self directed, helps	129	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Accepts fair, negative feedback	130	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Recognizes the need to learn	131	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Acknowledges and CORRECTS errors	132	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Practices effective communication skills	133	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Proper grammar spoken and written	134	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Practices WITHIN LIMITS of knowledge and skills	135	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
FOLLOWS, rules, laws and regulations	136	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Meets commitments	137	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reports misconduct	138	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Completes assignments on time	139	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Makes learning a top priority. Has no more than 4 *No Patient Appointments per semester	140	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	

If students exceed the number of no patient clinics allowed per term click an X bubble in #140