

Your clinic grades may be off if the Point Values have not been set up correctly.

Print out this form and fill in your Point Values opposite those in the original database.

The original Point Values have been tested and decrease as the student progresses through the clinical education. It gets more demanding as skills progress.

- Competency Categories
- Competency Sub Categories
- Ethnicity
- Health Requirements
- Perio Level
- Point Values**
- Programs

Welcome to TalEval.com

Go to Setup Lists and dropdown to Point Values

You can setup whatever you want in these

First Year of Clinic (1-7 weeks)

Listed as IA

Please select a clinic

IA

Calc Class	Points	Perio Level	Points
0	<input type="text" value="0.25"/>	0	<input type="text" value="0.00"/>
I	<input type="text" value="1.00"/>	I	<input type="text" value="0.10"/>
II	<input type="text" value="2.00"/>	II	<input type="text" value="0.50"/>
III	<input type="text" value="2.25"/>	III	<input type="text" value="0.75"/>
IV	<input type="text" value="0.00"/> Not for new students	IV	<input type="text" value="0.00"/> Not for new students

Your clinic name:

Fill in your points

Calc Class	Points	Perio Level	Points
0	<input type="text"/>	0	<input type="text"/>
I	<input type="text"/>	I	<input type="text"/>
II	<input type="text"/>	II	<input type="text"/>
III	<input type="text"/>	III	<input type="text"/>
IV	<input type="text"/>	IV	<input type="text"/>

First Year of Clinic (8-14 weeks)

Listed as IB

Calc Class	Points	Perio Level	Points
0	<input type="text" value="0.15"/>	0	<input type="text" value="0.00"/>
I	<input type="text" value="0.75"/>	I	<input type="text" value="0.05"/>
II	<input type="text" value="1.50"/>	II	<input type="text" value="0.25"/>
III	<input type="text" value="2.00"/>	III	<input type="text" value="0.50"/>
IV	<input type="text" value="2.25"/>	IV	<input type="text" value="0.50"/>

Your clinic name:

Fill in your points

Calc Class	Points	Perio Level	Points
0	<input type="text"/>	0	<input type="text"/>
I	<input type="text"/>	I	<input type="text"/>
II	<input type="text"/>	II	<input type="text"/>
III	<input type="text"/>	III	<input type="text"/>
IV	<input type="text"/>	IV	<input type="text"/>

First Year Summer Clinic (10 weeks)

Calc Class	Points	Perio Level	Points
0	0.15	0	0.00
I	0.75	I	0.05
II	1.50	II	0.25
III	2.00	III	0.50
IV	2.25	IV	0.50

Your clinic name:
Fill in your points

Calc Class	Points	Perio Level	Points
0		0	
I		I	
II		II	
III		III	
IV		IV	

Extramural or Enrichment Clinics

Please select a clinic

Calc Class	Points	Perio Level	Points
0	0.15	0	0.00
I	0.75	I	0.05
II	1.50	II	0.25
III	2.00	III	0.50
IV	2.25	IV	0.50

Your clinic name:
Fill in your points

Calc Class	Points	Perio Level	Points
0		0	
I		I	
II		II	
III		III	
IV		IV	

Listed as II A

1st Half of 1st Semester of 2nd Year Clinic (Weeks 8-14)

Calc Class	Points	Perio Level	Points
0	0.10	0	0.00
I	0.25	I	0.10
II	0.75	II	0.20
III	1.25	III	0.45
IV	1.75	IV	0.50

Your clinic name:
Fill in your points

Calc Class	Points	Perio Level	Points
0		0	
I		I	
II		II	
III		III	
IV		IV	

Listed As II B

2nd Half of 1st Semester of 2nd Year (Weeks 8-14)

Calc Class	Points	Perio Level	Points
0	0.05	0	0.00
I	0.15	I	0.00
II	0.50	II	0.15
III	1.00	III	0.40
IV	1.50	IV	0.45

Your clinic name:
Fill in your points

Calc Class	Points	Perio Level	Points
0		0	
I		I	
II		II	
III		III	
IV		IV	

First Half of Last Semester (Weeks 1-7)

Listed as III A

Calc Class	Points	Perio Level	Points
0	0.05	0	0.00
I	0.10	I	0.00
II	0.50	II	0.10
III	1.00	III	0.35
IV	1.50	IV	0.40

Your clinic name:
Fill in your points

Calc Class	Points	Perio Level	Points
0	<input type="text"/>	0	<input type="text"/>
I	<input type="text"/>	I	<input type="text"/>
II	<input type="text"/>	II	<input type="text"/>
III	<input type="text"/>	III	<input type="text"/>
IV	<input type="text"/>	IV	<input type="text"/>

Last Half of Last Semester (Weeks 8-14)

Listed as III B

Calc Class	Points	Perio Level	Points
0	0.05	0	0.00
I	0.05	I	0.00
II	0.50	II	0.05
III	1.00	III	0.30
IV	1.50	IV	0.35

Your clinic name:
Fill in your points

Calc Class	Points	Perio Level	Points
0	<input type="text"/>	0	<input type="text"/>
I	<input type="text"/>	I	<input type="text"/>
II	<input type="text"/>	II	<input type="text"/>
III	<input type="text"/>	III	<input type="text"/>
IV	<input type="text"/>	IV	<input type="text"/>