

**PEDIATRIC DENTISTRY GRADE SHEET**

Student's Name: \_\_\_\_\_

Procedure Code: \_\_\_\_\_

Student #: \_\_\_\_\_

Points: \_\_\_\_\_

Chart #: \_\_\_\_\_

Tooth #: \_\_\_\_\_

Date: \_\_\_\_\_

Surface: \_\_\_\_\_

**RESTORATIVE**

**SEALANT**

**Unaccept.**

**Accept**

**Superior**

1. Knowledge of Protocol
2. Preparation of Material
3. Cavity Preparation
4. Caries Excavation
5. Restoration
6. Occlusion

1. Knowledge of Protocol
2. Preparation of Material
3. Inclusion of all pits and grooves
4. Surface/voids
5. Retention
6. Removal of excess/occlusion

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**EVALUATION VISIT**

1. Health History
2. Tooth Identification
3. Oral Diagnosis (clinical and radiographic)
4. Treatment Planning
5. Preventive Procedure
6. Knowledge of Protocol

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7. Proper Infection Control Procedures Followed
8. Appropriate use of time
9. Behavior management technique
10. Completion of patient records

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**PROFESSIONALISM**

**COMMENTS:**

**GRADE:**

**FACULTY SIGNATURE:** \_\_\_\_\_