



**Feedback**

Dental Staff Member's Name: \_\_\_\_\_

Date(s) of Employment \_\_\_\_\_

Dental Office's Name & Location \_\_\_\_\_  
\_\_\_\_\_

Please mark areas with regard to your dental office experience with the dentist:

	Exceeds Expectations	Meets Expectations	Needs Improvement
Interaction with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude/Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you enjoy working in this office again?		Yes	No

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dental Staff Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please send to [michelle@dental-assist.com](mailto:michelle@dental-assist.com)