Performance Feedback
(To be completed by the Office Manager, Doctor(s), or Lead Assistant

Dental Staff Member's Name: ___________________________________

Date(s) of Employment ____

Dental Office's Name & Location ________________________________

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Please mark areas with regard to work performance:

	Exceeds Expectations	Meets Expectations	Needs Improvement
Interaction with staff	☐	☐	☐
Technical Skills	☐	☐	☐
Communication Skills	☐	☐	☐
Attitude/Initiative	☐	☐	☐
Patient Interaction	☐	☐	☐
Infection Control	☐	☐	☐
Did she/he arrive on time and ready to work?		Yes	No
Would you enjoy having her/him in your office again?		Yes	No

Additional Comments:

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Doctor's/OM or Lead Assistant's Signature ___________________________________
Date ___________________________

Please send to michelle@dental-assist.com