

Check which **ONE** of the competencies was most prominently displayed during today's care of this client:

☒ Professional

☐ Clinical Therapist

☐ Critical Thinker

☐ Oral Health Educator

☐ Advocate

☐ Coordinator

☐ Health Promoter

☐ Communicator & Collaborator

Describe **HOW** the student met this competency requirement during this appointment.

demonstrate professional
presence

Faculty Signature:

Simone Harris-Evans R.D.H.

Check which ONE of the competencies was most prominently displayed during today's care of this client:

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Professional | <input checked="" type="checkbox"/> Clinical Therapist | <input type="checkbox"/> Critical Thinker | <input type="checkbox"/> Oral Health Educator |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Coordinator | <input type="checkbox"/> Health Promoter | <input type="checkbox"/> Communicator & Collaborator |

Describe **HOW** YOU met this competency requirement during this appointment.

Provided O+IR + O+PE

Student Signature (Sign only after reading faculty comment):

Melen Wahn.

Check which **ONE** of the program outcomes was most prominently displayed during today's care of this client:

- | | |
|--|---|
| <input type="checkbox"/> 1. Professionalism | <input type="checkbox"/> 5. Practice Management |
| <input type="checkbox"/> 2. Evidence-Informed Practice | <input type="checkbox"/> 6. Prevention, Education, and Health Promotion |
| <input type="checkbox"/> 3. Communication | <input type="checkbox"/> 7. Clinical Therapy |
| <input checked="" type="checkbox"/> 4. Collaboration | |

Describe **HOW YOU** met this competency requirement during this appointment.

Provided effective response of instructions for
wintering trays/s collaborated with client
answered questions.

Student Signature (Sign only after reading faculty comment):

Morgan Walsh

Check which **ONE** of the competencies was most prominently displayed during today's care of this client:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Professional | <input type="checkbox"/> Clinical Therapist | <input checked="" type="checkbox"/> Critical Thinker | <input type="checkbox"/> Oral Health Educator |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Coordinator | <input type="checkbox"/> Health Promoter | <input type="checkbox"/> Communicator & Collaborator |

Describe **HOW** the student met this competency requirement during this appointment.

- good questions asked

Faculty Signature:

Victoria Bevin RDH

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☐ Advocate

☐ Coordinator

☒ Health Promoter

☐ Communicator & Collaborator

Describe **HOW** the student met this competency requirement during this appointment.

discussed tobacco cessation
+ D+C

Faculty Signature:

Estelle Smith RDN

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☒ Oral Health Educator

☐ Advocate

☐ Coordinator

☐ Health Promoter

☐ Communicator & Collaborator

Describe **HOW** the student met this competency requirement during this appointment.

Developing Clinical Skills.

Facilitator Signature:
Marta Cardenas RDH