

## Martin Community College Dental Assisting Shadowing Form

Applicant Name (Please Print):

Do you have experience as a Dental Assistant? 
Yes No

If yes, please indicate the location and dates of your experience:

Dental Office: \_\_\_\_\_\_ Office Phone #: \_\_\_\_\_

Name of Dental Assistant Observed (Please Print): \_\_\_\_\_\_

Signature: \_\_\_\_\_

Date	What you observed (please mark the circle)	
	<ul> <li>Room set-up/breakdown</li> </ul>	
	o Sterilization	
	<ul> <li>Radiography</li> </ul>	
	<ul> <li>Coronal polishing</li> </ul>	
	o Impressions	
	<ul> <li>Amalgam/Composite restoration</li> </ul>	
	<ul> <li>Crown/Bridge procedure</li> </ul>	
	<ul> <li>Temporary crown fabrication</li> </ul>	
	<ul> <li>Root canal treatment</li> </ul>	
	o Extraction	
	<ul> <li>Implant procedure</li> </ul>	
	<ul> <li>Surgical procedures (complex tooth extraction, periodontal surgery, gingivectomy, frenectomy, bone graft, sinus lift, apicoectomy, etc.)</li> </ul>	
	o Other:	

## **Evaluation of Applicant**

Professionalism	<ul> <li>Above Average</li> </ul>	<ul> <li>Average</li> </ul>	<ul> <li>Below Average</li> </ul>
Communication Skills	<ul> <li>Above Average</li> </ul>	<ul> <li>Average</li> </ul>	<ul> <li>Below Average</li> </ul>

1. Please use the space below to share all of your thoughts, questions, and feelings throughout your shadowing experience:

2. At the end of your experience, what would you say was the most important and influential moment?

3. Why have you chosen dental assisting as a career?

4. Have you ever volunteered your time at a dental clinic or dental event such as Give Kids a Smile or Mission of Mercy? If so, please describe your experience.