THE COLLEGE OF DENTAL SURGEONS OF HONG KONG

EVALUATION FORM FOR TRAINING (version: 24 November 2026)

Name of Trainee : _____ **Trainee No.:** _____

Specialty in Training : Community Dentistry **Training Centre :** _____

Training Programme : Basic / Higher* **Mode :** Full-time / Part-time* **Evaluation Period :** _____ to _____

No. of weeks absent : _____ **Reasons** *(e.g. vacation /personal leave / others)* **:** _____

Notes for completing this evaluation form

Trainee's performance should be basically classified as either "Satisfactory" or "Unsatisfactory".
It is expected that the majority of trainees would fall into the "Satisfactory" category. Please assess the trainee in each of the aspects listed, using the rubrics in the right columns as guidelines.
Please provide explanatory notes for any aspect which is assessed as unsatisfactory.

(A) Clinical/Practical Skill			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
OHE and promotion	Satisfactory / Unsatisfactory*	Usually effective, deliver orderly and systematically	Ineffective, poorly delivered, poor basic skills
Oral health research	Satisfactory / Unsatisfactory*	Use appropriate methods and data analysis	Serious deficiencies in the methods used, inappropriate data analysis
Oral health care service	Satisfactory / Unsatisfactory*	Able to manage and deliver OH care programme to different groups	Major problems with management and delivery of OH care programmes
(B) Communication Skill			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
With partner/public	Satisfactory / Unsatisfactory*	Listens well, explains well, trusted by the partner/public	Bad listener/communicator, disliked by partner/public
With other health care team members	Satisfactory / Unsatisfactory*	Good rapport with other staff. Willing to help.	Refuses to help out. Poor relationship with peers and may undermine.
(C) Knowledge Base			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
Knowledge of subject	Satisfactory / Unsatisfactory*	Adequate fund of knowledge and relates it well to practice.	Poor knowledge base. Significant deficiencies or poor perspective
Project planning	Satisfactory / Unsatisfactory*	Plans are well presented and evidence-based	Wordy or inaccurate information, poor organization, lack evidence/support
Learning	Satisfactory / Unsatisfactory*	Reads appropriately, asks for information and follow-up.	Little evidence of reading texts or journals. Needs direction to study.
(D) Professionalism			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
Reliability Punctuality	Satisfactory / Unsatisfactory*	Dependable. Efficient in use of his / her time	Poor time management. Forgets to do things. Unreliable
Self motivation Organization	Satisfactory / Unsatisfactory*	Hard-working, keen to learn, self-organizes waiting list.	Idle, lacking in any work enthusiasm. Behind with letters or summaries.
Acceptance of criticism	Satisfactory / Unsatisfactory*	Adequate response. Works to correct the problem area.	Responds poorly to criticism. Angry. "Turn off".

** Please delete where appropriate*

Trainer's Signature: _____

Trainer's Signature: _____ **Trainee's Signature:** _____

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Report on CME

Period : From _____ To _____

Number of CME points accumulated: _____

Meet CME requirement : Yes / No*****

Higher training involving Approved Practice

Is part of the Higher training taken place at Approved Practice(s)? Yes / No*

Name of Approved Practice(s)#:

1. _____ ☐ _____

2. _____ ☐ _____

#Please check the box and put down the date if clinic visitation has been paid to the approved practice by the Specialty Board Chairperson or his/her designate.

Overall Assessment of the training: Satisfactory / Unsatisfactory*

Additional / Explanatory Notes (*including but not limited to training progress, development, achievement and incident involved where appropriate or applicable)*

(If insufficient space attach separate document)

Recommendation Regarding Future Training (Please choose ONE)

- ☐ Trainee should be allowed to sit for Exit / Intermediate* Examination (t*o be chosen when this form being submitted together with application form for examination*).
- ☐ Trainee should continue the Basic / Higher* training.
- ☐ Trainee should be warned of the identified deficiencies; continuation of training is jeopardized.
- ☐ Trainee should be discontinued from training because of deficiencies that have not been rectified.

Name of Trainer: _____ **Signature:** _____ **Date :** _____

Name of Trainer: _____ **Signature:** _____ **Date :** _____

I have reviewed the evaluation form and would like to provide the following comments (Please put down "**Nil**" if there is no comment**):**

Trainee's Signature: _____ **Date :** _____

Review by Training Centre Supervisor

Name of Training Centre Supervisor: _____ **Signature:** _____ **Date :** _____

** Please delete where appropriate*