EVALUATION FORM

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| **Affiliate name**  | Case # | Category: |

Please rate each of the following areas using the following rating scale:

4 = Excellent – absolutely meets or exceed expectations

3 = Acceptable – meets expectations, perhaps with minor errors

2 = Deficient overall, with elements lacking on many or most of the cases

1 = Unacceptable = fundamentally incomplete or lacking

1. Initial Records
2. Photographs 1 2 3 4

(Includes the correct structures, good resolution,

Consistent magnification, not blurred)

1. Dental Casts 1 2 3 4

(Appropriate extent, good detail, lack of bubbles)

1. Radiographs 1 2 3 4

(Correct exposure, not blurred)

1. Ceph tracing & analysis (Accuracy) 1 2 3 4
2. Diagnosis (completeness, detail) 1 2 3 4
3. Treatment Plan (detail, objectives of treatment) 1 2 3 4
4. Rationale for treatment plan 1 2 3 4
5. Alternative treatment plans (advantages/disadvantages) 1 2 3 4
6. Mechanics (detail, efficacy) 1 2 3 4
7. VTO (do the numbers add up?) 1 2 3 4
8. Overall detail (history, growth status, prognosis) 1 2 3 4
9. One year Progress Records
10. Photographs 1 2 3 4

(Includes the correct structures, good resolution,

consistent magnification, not blurred)

1. Dental Casts 1 2 3 4

(Appropriate extent, good detail, lack of bubbles)

1. Radiographs 1 2 3 4

(Correct exposure, not blurred)

1. Ceph tracing & analysis (accuracy) 1 2 3 4
2. Treatment Progress (accuracy, detail) 1 2 3 4
3. Superimposition (accuracy, interpretation) 1 2 3 4
4. Results Achieved (completeness, accuracy, detail) 1 2 3 4
5. Self-Assessment (validity, awareness, analysis) 1 2 3 4
6. Two year Progress Records
7. Photographs 1 2 3 4

(Includes the correct structures, good resolution,

consistent magnification, not blurred)

1. Dental Casts 1 2 3 4

(Appropriate extent, good detail, lack of bubbles)

1. Radiographs 1 2 3 4

(Correct exposure, not blurred)

1. Ceph tracing & analysis (accuracy) 1 2 3 4
2. Treatment Progress (accuracy, detail) 1 2 3 4
3. Superimposition (accuracy, interpretation) 1 2 3 4
4. Results Achieved (completeness, accuracy, detail) 1 2 3 4
5. Self-Assessment (validity, awareness, analysis) 1 2 3 4
6. Final Records
7. Photographs 1 2 3 4

(Includes the correct structures, good resolution,

consistent magnification, not blurred)

1. Dental Casts 1 2 3 4

(Appropriate extent, good detail, lack of bubbles)

1. Radiographs 1 2 3 4

(Correct exposure, not blurred)

1. Ceph tracing & analysis (accuracy) 1 2 3 4
2. Superimposition (accuracy, interpretation) 1 2 3 4
3. Final Results Achieved (completeness, accuracy, detail)

A. Alignment: are all teeth, including second molars, aligned

with no rotations or displacements? 1 2 3 4

B. Buccolingual inclination: are posterior teeth appropriately

inclined with no excessive buccal or lingual tipping? 1 2 3 4

C. Vertical: are both arches leveled, including second molars? 1 2 3 4

D. Transverse: is the buccal overjet appropriate? 1 2 3 4

E. Anteroposterior: are the buccal segments (molars, bicuspids,

and canines) well intercuspated? 1 2 3 4

F. Incisor relations: are the overjet and overbite corrected, with

incisors appearing to contact in occlusion? 1 2 3 4

G. Finishing: are all spaces closed unless planned to remain? Are the

incisor gingival margins idealized? Root tip consistent? 1 2 3 4

1. Self-Assessment (validity, awareness, analysis) 1 2 3 4