



Lower Columbia Dental Assisting Academy

## School and Teacher Evaluation

1. Were both instructors prompt and timely?

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2. Were both instructors approachable during class?

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3. Did both instructors give equal help to all students in the class?

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4. Did the examinations and quizzes cover the material discussed in class?

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5. Was the material explained and presented in a clear manner?

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6. Circle any areas you do not feel adequately prepared in

Charting      Tooth Identification      Radiology      Instrument identification  
Bur identification      Cord Packing      Coronal Polish      Temporary  
Crown Fabrication and Placement      Cement identification      Impressions  
Sterilization      Room Set up      Patient education and/or instructions  
Other: \_\_\_\_\_

7. Was the dental equipment adequate and available to you when needed?

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8. Are you currently employed in a dental office? \_\_\_\_\_

9. Are you currently looking for a job as a dental assistant? Y or N

10. Where can you be reached? \_\_\_\_\_

11. Are you willing to have prospective students call or email you to ask questions about our program? Y or N If yes, how can they reach you Text/Email/Call?

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