A student with a pattern of the following behavior has not demonstrated professional and personal attributes that meet the standards of professionalism inherent in being a dentist:

Circle the appropriate category(ies). Comments are required: include additional pp. If needed.

1. Unmet professional responsibility:
   a. The student does not contribute to an atmosphere conducive to learning due to poor attendance, punctuality and/or distracting, disruptive or insensitive behavior in class, lab or clinic.
   b. The student needs continual reminders in the fulfillment of responsibilities to patients or to other health care professionals.
   c. The student cannot be relied upon to complete tasks.
   d. The student misrepresents or falsifies actions or information on didactic, clinical or lab examinations, patient records or other documents, or presents other’ work as his/her own.
   e. The student fails to follow, and/or manipulates clinic policies, including those for patient assignment and management, or chair availability
   f. The student fails to adhere to protective equipment and/or infection control guidelines

Please explain:______________________________________________________
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(continued on back)
4. Diminished relationships with patients and families:
a. The student fails to establish appropriate rapport with patients or families.
b. The student is often insensitive to, and or fails to honor the patient's or family's needs or wishes.
c. The student uses his/her professional position to engage in inappropriate personal relationships with patients or members of their families.
d. The student lacks empathy.

5. Diminished relationships with members of the administration and staff
a. The student behaves in an inappropriate manner with the Dean, administrative faculty and staff (e.g. does not respect the professional role of the administrator).
b. The student does not respect professional boundaries in interactions with administrative faculty or staff.

6. Please comment on an appropriate action plan to pursue when counseling the student.

This section is to be completed by the student.

6. My comments are: (optional)

7. I have read this evaluation and discussed it with the course or clinic director.

Student signature __________ Date __________

This report will be sent to the Dean's office. A copy will be placed in the student's file until the student has complied with the plan of action agreed to by the Associate Dean of Academic Affairs and the reporting Course Director.