

Dental Staffing Services of Connecticut

Evaluation Form

In order for me to consistently provide superior service to your dental team, it is important for me to gather information about your experience with the auxiliary that was placed in your office. If you would kindly fill out this short form I would be grateful.

Please rate the following by circling the number that most closely describes your experiences and feelings about the auxiliary that recently worked in your office; 1 would be least favorable, 5 would be most favorable.

Auxiliary's Name and date of service _____

The auxiliary arrived at the office on time.

1 2 3 4 5

The auxiliary's appearance and demeanor was professional.

1 2 3 4 5

The auxiliary was courteous and respectful to patients and staff.

1 2 3 4 5

The auxiliary was proficient in performing her duties.

1 2 3 4 5

The patients were pleased with their experience with the auxiliary, if applicable.

1 2 3 4 5

You would be happy to have this auxiliary in your office again.

1 2 3 4 5

Please feel free to make any additional comments or suggestions.