Student Name: _____ Group: _____ 1st 2nd

Requirements	Date	Signature	Mark (/5)	Competent	Mark
First semester:					
New patient examination					/10
1.	/ /				
2.	/ /				
3.	/ /				
4.	/ /				
Ceph. Tracing & report	/ /				/5
Space analysis	/ /				/5
Interceptive orthodontic quiz	/ /				/5
Second semester:					
Treatment planning					/10
1.	/ /				
2.	/ /				
3.	/ /				
4.	/ /				
Referral letter	/ /				/5
Removable appliance design	/ /				/5
Paper presentation	/ /				/5
orthodontic emergencies					/5

Conduct	**Absences**	**Pt care**	**Clothes**	**Home w.**	**Logbook**	**Bench Infection c.**	**Other:**	/5