

RECORD OF EXPERIENCE PORTFOLIO

Full Name: _____ GDC No. _____ Supervisor Name: _____ Supervisor GDC No. _____

Date		Practical Training		Grade	Reflective learning comments:	Supervisor
/	/2016	Upper Arch ☐	Lower Arch ☐	1 Excellent ☐		Name
Time taken (m)		Supervisor demonstrated how to take impressions including:		2 Acceptable for some purposes ☐		GDC No.
15		Correct tray selection ☐		3 Unacceptable ☐		Comments:
30		Seating tray correctly ☐		Impression material:		Signature:
I have:		Applying impression material on tray ☐		Reason for grade:		
Checked medical history ☐		Placing impression in the mouth ☐				
Explained treatment to patient ☐		Correct removal of impression ☐				
Gained consent ☐		Maintaining patient care and communication throughout treatment ☐				

Impression Trial 1

Date		Treatment Type		Grade	Reflective learning comments:	Supervisor
/	/2016	Upper Arch ☐	Lower Arch ☐	1 Excellent ☐		Name
Time taken (m)		Supervisor demonstrated how to take impressions including:		2 Acceptable for some purposes ☐		GDC No.
15		Correct tray selection ☐		3 Unacceptable ☐		Comments:
30		Seating tray correctly ☐		Impression material:		Signature:
I have:		Applying impression material on tray ☐		Reason for grade:		
Checked medical history ☐		Placing impression in the mouth ☐				
Explained treatment to patient ☐		Correct removal of impression ☐				
Gained consent ☐		Maintaining patient care and communication throughout treatment ☐				

Impression Trial 2



RECORD OF EXPERIENCE PORTFOLIO

Supervisor Name:

Supervisor GDC No.

GDC No.

Full Name:

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models	3 Unacceptable ☐		
30	Retainer	Impression material:		
I have:	Bleaching trays	Reason for grade:		
Checked medical history ☐	Mouth Guard			
Explained treatment to patient ☐	Invisalign			
Gained consent ☐	Inman Aligner			
	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 1

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models	3 Unacceptable ☐		
30	Retainer	Impression material:		
I have:	Bleaching trays	Reason for grade:		
Checked medical history ☐	Mouth Guard			
Explained treatment to patient ☐	Invisalign			
Gained consent ☐	Inman Aligner			
	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 2



RECORD OF EXPERIENCE PORTFOLIO

Supervisor Name: Supervisor GDC No.

GDC No.

Full Name:

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models	3 Unacceptable ☐		
30	Retainer	Impression material: _____		
I have:	Bleaching trays	Reason for grade: _____		
Checked medical history ☐	Mouth Guard			
Explained treatment to patient ☐	Invisalign			
Gained consent ☐	Inman Aligner			
	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 3

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models	3 Unacceptable ☐		
30	Retainer	Impression material: _____		
I have:	Bleaching trays	Reason for grade: _____		
Checked medical history ☐	Mouth Guard			
Explained treatment to patient ☐	Invisalign			
Gained consent ☐	Inman Aligner			
	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 4



RECORD OF EXPERIENCE PORTFOLIO

Supervisor Name:

Supervisor Name:

GDC No.

Full Name:

Date		Treatment Type		Grade		Reflective Learning Comments		Supervisor	
/	/2016	Upper Arch	Lower Arch	1 Excellent				Name	
Time taken (m)		Adult	Child	2 Acceptable for some purposes				GDC No.	
15		Study Models		3 Unacceptable				Comments:	
30		Retainer		Impression material:					
I have:		Bleaching trays		Reason for grade:					
Checked medical history	☐	Mouth Guard							
		Invisalign							
		Inman Aligner							
		Crown & Bridge							
Explained treatment to patient	☐	Denture							
		Specify other:							
Gained consent	☐							Signature:	

Impression No. 5

Date		Treatment Type		Grade		Reflective Learning Comments		Supervisor	
/	/2016	Upper Arch	Lower Arch	1 Excellent				Name	
Time taken (m)		Adult	Child	2 Acceptable for some purposes				GDC No.	
15		Study Models		3 Unacceptable				Comments:	
30		Retainer		Impression material:					
I have:		Bleaching trays		Reason for grade:					
Checked medical history	☐	Mouth Guard							
		Invisalign							
		Inman Aligner							
		Crown & Bridge							
Explained treatment to patient	☐	Denture							
		Specify other:							
Gained consent	☐							Signature:	

Impression No. 6



RECORD OF EXPERIENCE PORTFOLIO

Supervisor Name:

Supervisor GDC No.

GDC No.

Full Name:

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models	3 Unacceptable ☐		
30	Retainer	Impression material:		
I have:	Bleaching trays	Reason for grade:		
Checked medical history ☐	Mouth Guard			
Explained treatment to patient ☐	Invisalign			
Gained consent ☐	Inman Aligner			
	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 7

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models	3 Unacceptable ☐		
30	Retainer	Impression material:		
I have:	Bleaching trays	Reason for grade:		
Checked medical history ☐	Mouth Guard			
Explained treatment to patient ☐	Invisalign			
Gained consent ☐	Inman Aligner			
	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 8



RECORD OF EXPERIENCE PORTFOLIO

Supervisor Name:

Supervisor Name:

GDC No.

Full Name:

Date		Treatment Type		Grade		Reflective Learning Comments		Supervisor	
/	/2016	Upper Arch	Lower Arch	1 Excellent				Name	
Time taken (m)		Adult	Child	2 Acceptable for some purposes				GDC No.	
15		Study Models		3 Unacceptable				Comments:	
30		Retainer		Impression material:					
I have:		Bleaching trays		Reason for grade:					
Checked medical history	☐	Mouth Guard							
Explained treatment to patient	☐	Invisalign							
Gained consent	☐	Inman Aligner							
		Crown & Bridge							
		Denture							
		Specify other:							

Impression No. 9

Date		Treatment Type		Grade		Reflective Learning Comments		Supervisor	
/	/2016	Upper Arch	Lower Arch	1 Excellent				Name	
Time taken (m)		Adult	Child	2 Acceptable for some purposes				GDC No.	
15		Study Models		3 Unacceptable				Comments:	
30		Retainer		Impression material:					
I have:		Bleaching trays		Reason for grade:					
Checked medical history	☐	Mouth Guard							
Explained treatment to patient	☐	Invisalign							
Gained consent	☐	Inman Aligner							
		Crown & Bridge							
		Denture							
		Specify other:							

Impression No. 10



RECORD OF EXPERIENCE PORTFOLIO

Supervisor Name:

Supervisor GDC No.

GDC No.

Full Name:

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models	3 Unacceptable ☐		
30	Retainer	Impression material:		
I have:	Bleaching trays	Reason for grade:		
Checked medical history ☐	Mouth Guard			
Explained treatment to patient ☐	Invisalign			
Gained consent ☐	Inman Aligner			
	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 11

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models	3 Unacceptable ☐		
30	Retainer	Impression material:		
I have:	Bleaching trays	Reason for grade:		
Checked medical history ☐	Mouth Guard			
Explained treatment to patient ☐	Invisalign			
Gained consent ☐	Inman Aligner			
	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 12



RECORD OF EXPERIENCE PORTFOLIO

Supervisor Name:

Supervisor Name:

GDC No.

Full Name:

Date		Treatment Type		Grade		Reflective Learning Comments		Supervisor	
/	/2016	Upper Arch	Lower Arch	1 Excellent				Name	
Time taken (m)		Adult	Child	2 Acceptable for some purposes				GDC No.	
15		Study Models		3 Unacceptable				Comments:	
30		Retainer		Impression material:					
I have:		Bleaching trays		Reason for grade:					
Checked medical history	☐	Mouth Guard							
Explained treatment to patient	☐	Invisalign							
Gained consent	☐	Inman Aligner							
		Crown & Bridge							
		Denture							
		Specify other:							

Impression No. 13

Date		Treatment Type		Grade		Reflective Learning Comments		Supervisor	
/	/2016	Upper Arch	Lower Arch	1 Excellent				Name	
Time taken (m)		Adult	Child	2 Acceptable for some purposes				GDC No.	
15		Study Models		3 Unacceptable				Comments:	
30		Retainer		Impression material:					
I have:		Bleaching trays		Reason for grade:					
Checked medical history	☐	Mouth Guard							
Explained treatment to patient	☐	Invisalign							
Gained consent	☐	Inman Aligner							
		Crown & Bridge							
		Denture							
		Specify other:							

Impression No. 14



RECORD OF EXPERIENCE PORTFOLIO

Supervisor Name:

Supervisor Name:

GDC No.

Full Name:

Date		Treatment Type		Grade		Reflective Learning Comments		Supervisor	
/	/2016	Upper Arch Adult	Lower Arch Child	1 Excellent				Name	
Time taken (m)		Study Models		2 Acceptable for some purposes				GDC No.	
15		Retainer		3 Unacceptable				Comments:	
30		Bleaching trays		Impression material:					
I have:		Mouth Guard		Reason for grade:					
Checked medical history	☐	Invisalign							
Explained treatment to patient	☐	Inman Aligner							
Gained consent	☐	Crown & Bridge							
		Denture							
		Specify other:							

Impression No. 15

Date		Treatment Type		Grade		Reflective Learning Comments		Supervisor	
/	/2016	Upper Arch Adult	Lower Arch Child	1 Excellent				Name	
Time taken (m)		Study Models		2 Acceptable for some purposes				GDC No.	
15		Retainer		3 Unacceptable				Comments:	
30		Bleaching trays		Impression material:					
I have:		Mouth Guard		Reason for grade:					
Checked medical history	☐	Invisalign							
Explained treatment to patient	☐	Inman Aligner							
Gained consent	☐	Crown & Bridge							
		Denture							
		Specify other:							

Impression No. 16



RECORD OF EXPERIENCE PORTFOLIO

Supervisor Name: Supervisor GDC No.

GDC No.

Full Name:

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models	3 Unacceptable ☐		
30	Retainer	Impression material:		
I have:	Bleaching trays	Reason for grade:		
Checked medical history ☐	Mouth Guard			
Explained treatment to patient ☐	Invisalign			
Gained consent ☐	Inman Aligner			
	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 17

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models	3 Unacceptable ☐		
30	Retainer	Impression material:		
I have:	Bleaching trays	Reason for grade:		
Checked medical history ☐	Mouth Guard			
Explained treatment to patient ☐	Invisalign			
Gained consent ☐	Inman Aligner			
	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 18



RECORD OF EXPERIENCE PORTFOLIO

Supervisor Name:

Supervisor Name:

GDC No.

Full Name:

Date		Treatment Type		Grade		Reflective Learning Comments		Supervisor	
/	/2016	Upper Arch	Lower Arch	1 Excellent				Name	
Time taken (m)		Adult	Child	2 Acceptable for some purposes				GDC No.	
15		Study Models		3 Unacceptable				Comments:	
30		Retainer		Impression material:					
I have:		Bleaching trays		Reason for grade:					
Checked medical history	☐	Mouth Guard							
		Invisalign							
		Inman Aligner							
		Crown & Bridge							
Explained treatment to patient	☐	Denture							
		Specify other:							
Gained consent	☐								

Impression No. 19

Date		Treatment Type		Grade		Reflective Learning Comments		Supervisor	
/	/2016	Upper Arch	Lower Arch	1 Excellent				Name	
Time taken (m)		Adult	Child	2 Acceptable for some purposes				GDC No.	
15		Study Models		3 Unacceptable				Comments:	
30		Retainer		Impression material:					
I have:		Bleaching trays		Reason for grade:					
Checked medical history	☐	Mouth Guard							
		Invisalign							
		Inman Aligner							
		Crown & Bridge							
Explained treatment to patient	☐	Denture							
		Specify other:							
Gained consent	☐								

Impression No. 20



RECORD OF EXPERIENCE PORTFOLIO

Supervisor Name: Supervisor GDC No.

GDC No.

Full Name:

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments: Signature:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models ☐	3 Unacceptable ☐		
30	Retainer ☐	Impression material: ☐		
I have:	Bleaching trays ☐	Reason for grade: ☐		
Checked medical history ☐	Mouth Guard ☐			
Explained treatment to patient ☐	Invisalign ☐			
Gained consent ☐	Inman Aligner ☐			
	Crown & Bridge ☐			
	Denture ☐			
	Specify other: ☐			

Impression No. 21

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments: Signature:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models ☐	3 Unacceptable ☐		
30	Retainer ☐	Impression material: ☐		
I have:	Bleaching trays ☐	Reason for grade: ☐		
Checked medical history ☐	Mouth Guard ☐			
Explained treatment to patient ☐	Invisalign ☐			
Gained consent ☐	Inman Aligner ☐			
	Crown & Bridge ☐			
	Denture ☐			
	Specify other: ☐			

Impression No. 22



RECORD OF EXPERIENCE PORTFOLIO

Full Name: _____ GDC No. _____ Supervisor Name: _____ Supervisor GDC No. _____

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐ Adult ☐ Child ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Study Models	2 Acceptable for some purposes ☐		
15	Retainer	3 Unacceptable ☐		
30	Bleaching trays	Impression material: _____		
I have:	Mouth Guard	Reason for grade: _____		
Checked medical history ☐	Invisalign			
Explained treatment to patient ☐	Inman Aligner			
Gained consent ☐	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 23

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐ Adult ☐ Child ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Study Models	2 Acceptable for some purposes ☐		
15	Retainer	3 Unacceptable ☐		
30	Bleaching trays	Impression material: _____		
I have:	Mouth Guard	Reason for grade: _____		
Checked medical history ☐	Invisalign			
Explained treatment to patient ☐	Inman Aligner			
Gained consent ☐	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 24



RECORD OF EXPERIENCE PORTFOLIO

Full Name: _____ GDC No. _____ Supervisor Name: _____ Supervisor GDC No. _____

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models	3 Unacceptable ☐		
30	Retainer	Impression material: _____		
I have:	Bleaching trays	Reason for grade: _____		
Checked medical history ☐	Mouth Guard			
Explained treatment to patient ☐	Invisalign			
Gained consent ☐	Inman Aligner			
	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 25

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Adult ☐ Child ☐	2 Acceptable for some purposes ☐		
15	Study Models	3 Unacceptable ☐		
30	Retainer	Impression material: _____		
I have:	Bleaching trays	Reason for grade: _____		
Checked medical history ☐	Mouth Guard			
Explained treatment to patient ☐	Invisalign			
Gained consent ☐	Inman Aligner			
	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 26



RECORD OF EXPERIENCE PORTFOLIO

Full Name: _____ GDC No. _____ Supervisor Name: _____ Supervisor GDC No. _____

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐ Adult ☐ Child ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Study Models	2 Acceptable for some purposes ☐		
15	Retainer	3 Unacceptable ☐		
30	Bleaching trays	Impression material: _____		
I have:	Mouth Guard	Reason for grade: _____		
Checked medical history ☐	Invisalign			
Explained treatment to patient ☐	Inman Aligner			
Gained consent ☐	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 27

Date	Treatment Type	Grade	Reflective Learning Comments	Supervisor
/ /2016	Upper Arch ☐ Lower Arch ☐ Adult ☐ Child ☐	1 Excellent ☐		Name GDC No. Comments:
Time taken (m)	Study Models	2 Acceptable for some purposes ☐		
15	Retainer	3 Unacceptable ☐		
30	Bleaching trays	Impression material: _____		
I have:	Mouth Guard	Reason for grade: _____		
Checked medical history ☐	Invisalign			
Explained treatment to patient ☐	Inman Aligner			
Gained consent ☐	Crown & Bridge			
	Denture			
	Specify other:			

Impression No. 28



RECORD OF EXPERIENCE PORTFOLIO

Supervisor Name:

GDC No.

Supervisor Name:

Supervisor GDC No.

Full Name:		GDC No.		Supervisor Name:		Supervisor GDC No.	
Date	/ /2016	Treatment Type		Grade		Reflective Learning Comments	
Time taken (m)		Upper Arch ☐	Lower Arch ☐	1 Excellent		Signature:	
15		Adult ☐	Child ☐	2 Acceptable for some purposes			
30		Study Models		3 Unacceptable			
I have:		Retainer		Impression material:			
Checked medical history ☐		Bleaching trays		Reason for grade:			
Explained treatment to patient ☐		Mouth Guard					
Gained consent ☐		Invisalign					
		Inman Aligner					
		Crown & Bridge					
		Denture					
		Specify other:					

Impression No. 29

Full Name:		GDC No.		Supervisor Name:		Supervisor GDC No.	
Date	/ /2016	Treatment Type		Grade		Reflective Learning Comments	
Time taken (m)		Upper Arch ☐	Lower Arch ☐	1 Excellent		Signature:	
15		Adult ☐	Child ☐	2 Acceptable for some purposes			
30		Study Models		3 Unacceptable			
I have:		Retainer		Impression material:			
Checked medical history ☐		Bleaching trays		Reason for grade:			
Explained treatment to patient ☐		Mouth Guard					
Gained consent ☐		Invisalign					
		Inman Aligner					
		Crown & Bridge					
		Denture					
		Specify other:					

Impression No. 30

