RECORD OF EXPERIENCE PORTFOLIO

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

Impression Trial 1

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

Impression Trial 2

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 1

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

Impression No. 2

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 3

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

Impression No. 4

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 5

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

Impression No. 6

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 7

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

Impression No. 8

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 9

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

Impression No. 10

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 11

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

Impression No. 12

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 13

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

Impression No. 14

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 15

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

Impression No. 16

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 17

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

Impression No. 18

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 19

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

Impression No. 20

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 21

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

Impression No. 22

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 23

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

Impression No. 24

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 25

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

Impression No. 26

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 27

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

Impression No. 28

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

RECORD OF EXPERIENCE PORTFOLIO

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

Impression No. 29

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

Impression No. 30

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