

Ondonte Dental Staffing

Referral Feedback Form

Employee Name _____
Employment Date _____ Review Date _____

Please rate the following performance (5 = highest/best, 1 = lowest)

	5	4	3	2	1
1. Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Knowledge of Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Professionalism with Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Interaction with Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Technical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Follows Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the box to answer the following questions

	Yes	No
Was the referral clean, friendly, and dressed appropriately for the job?	<input type="checkbox"/>	<input type="checkbox"/>
Was the referral on time and prepared for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did the referral make good use of time?	<input type="checkbox"/>	<input type="checkbox"/>
Would you use this person again?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

All feedback forms are entered into our database. We use the results from these feedback forms to improve our service and evaluate the performance of our referrals. Please be as accurate and honest as possible, your answers make a difference in our business.

Dr / Office Name _____

Dr / Manager Signature _____