CDHO

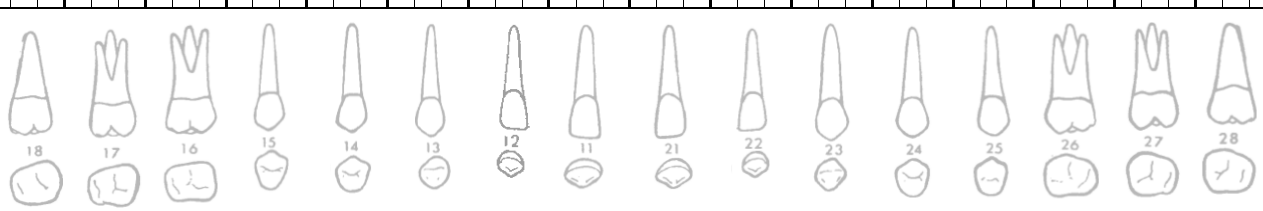
CDHO Clinical Competency Evaluation
Hard Tissue and Periodontal Assessment

Evaluation Date: _____

Client Name: _____

Candidate: _____

CANDIDATE

Mobility																															
BOP																															
CAL																															
Recession																															
Pocket Depth																															
FACIAL																															
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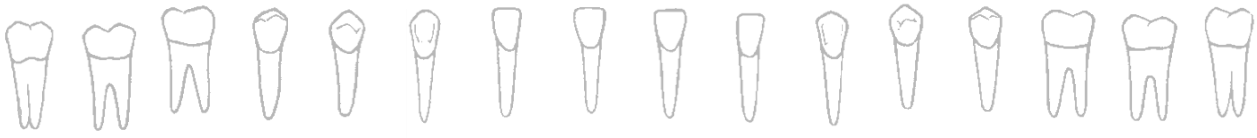
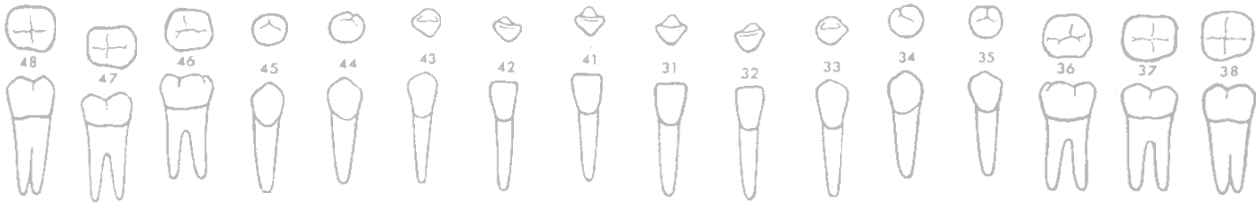
LINGUAL																															
FACIAL																															
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BOP																															
Mobility																															

AAP CLASSIFICATION **Stage:** **Grade:**

OCCLUSION	Class I:	☐	Div I:	☐	Overjet: _____ mm	Crossbite:
	Class II:	☐	Div II:	☐	Overbite: _____ mm	Mutilated:
	Class III:	☐	Div 0:	☐	Midline Shift: _____ mm	

Candidate Signature: _____