

Program Performance Report Request



This form is for schools requesting a tailored program performance report. DANB is committed to working closely with dental assisting educational programs and understands your need for unique performance reports covering specific time periods. Please note that for reasons of security, we cannot accept telephone requests. The request **must** be in writing and **must** be signed by the program director.

Request for a Tailored Program Performance Report

Check Box
Here

I would like to request a tailored program performance report limited to examinations given in 1996 or thereafter. I understand that this report may take DANB several weeks to complete.

Please print clearly. All fields are required.

Program Director _____

School Name _____

DANB School Code: _____ Desired Report Receipt Date: ____/____/____

If you are requesting reports for individual years, list each year separately in the spaces below.

Desired Starting Date of Report: ____/____/____ Desired Ending Date of Report: ____/____/____

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Please place any other comments on the reverse side of this sheet.

Signature of Program Director X _____ Date _____

(This form must be signed by the program director on record with DANB, or the request will not be honored.)

Instructions

In order to receive your tailored program performance report, you must complete the following steps:

- Step 1:** Complete all fields on the above form.
- Step 2:** If earlier reports did not reflect particular students from your program who you believe should have been included, please attach a list of students' names **and** Social Security numbers.
- Step 3: Mail or fax this form to:**
 Jane Hanson, Senior Coordinator, Testing
 444 N. Michigan Ave., Suite 900, Chicago, IL 60611
 Phone: 1-866-DIR-DANB, ext. 452
 Fax: 312-642-3550