

# Orthodontic Logbook Assessment Toolkit (OLAT) – ST1-3

This proforma details the minimum information required. The completed proforma should be verified by your educational supervisor, TPD or equivalent and then uploaded to the “Other evidence” area of the ISCP site prior to your ARCP.

<b>Name</b>		<b>Training site/s</b> Site 1: Site 2:	Dates:		
<b>NTN:</b>		<b>Training year:</b>	ST1	ST2	ST3
		Site 1	Site 2	TOTAL	% of Total
<b>Patient numbers</b>	New				
	Transferred				
	TOTAL				100%
<b>IOTN</b>	IOTN 5				
	IOTN 4				
	IOTN 1,2,3				
<b>Malocclusion</b>	Class I				
	Class II div 1				
	Class II div 2				
	Class III				
<b>Treatment</b>	Pre-adjusted edgewise				
	Self-ligating				
	Other fixed appliance				
	TAD				

**OLAT FOR ORTHODONTIC ST1-3**

---

	Headgear				
	Removable				
	Functional				
	U/E canine				
	U/E incisor				
	Other impacted				
	Orthognathic				
	Tooth agenesis				
	Periodontal				
<b>Treatment stage</b>	Planning	0	0	0	0%
	Active new				
	Retention				
	Active transfer				
	Review				

**Assigned Educational Supervisor**

Name:

Signature:

Date: