

TABULATION OF SCALED SCORE
PERIODONTICS

FACTOR	EXAMINER A	EXAMINER B
1		
2		
3		
4		
5		
6		
7		
8		
9		
TOTAL		
SCALED SCORE		

FINAL SCALED SCORE _____

I hereby certify the forgoing is true and correct.

Signature _____ **Date** _____

Perio Scaled Score Conversions
9 scoring factors

Raw Score (x)	Scaled score
36	100
35	99
34	97
33	96
32	94
31	93
30	92
29	90
28	89
27	87
26	86
25	85
24	83
23	82
22	81
21	79
20	78
19	76
18	75
17	74
16	71
15	68
14	65
13	62
12	60
11	57
10	54
9	51
8	48
7	45
6	42
5	39
4	37
3	34
2	31
1	28
0	25