

Hygienist Observation Evaluation Form

Applicant: Please complete the top section and have each hygienist observed complete the evaluation portion. Provide them an envelope to return the form to our office or if form is returned to you, be sure it is in a sealed envelope and that the hygienist signs across the flap.

Student Observer Name: _____

Date: _____

Name of Office Observed: _____

Phone: _____ **E-mail:** _____

The portion below should be completed by each hygienist that you observe.

I, _____ do verify that _____,
(Print Full Name) *(Print Student's Full Name)*

completed observation at our office.

Signature _____ **Date** _____

Evaluation:

1. Was student on time for scheduled observation visit(s)?

2. Was student engaged during observation time? Briefly describe level of involvement.

3. Briefly describe your observations about the student's level of professionalism exhibited during observation visit(s).

Note: Please place in sealed envelope and sign your name across flap.