

# Hygienist Observation Evaluation Form

**Applicant:** Please complete the top section and have each hygienist observed in each general dental practice complete the evaluation portion. Provide the hygienists with a stamped and addressed envelope to return the form to our office or if the form is returned to you, be sure it is in a sealed envelope and that the hygienist signs across the flap. Please return to GHC Dental Hygiene 415 East Third Ave. Rome, GA 30161

**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:** Dear evaluator, please place this form in an envelope and seal, signing your name across the flap.