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 and envelope and seal, signing your name across the flap.