

Clinical Observation Evaluation Form for Sonography Programs

Applicant Name: _____ **Applicant Signature:** _____

To the Applicant:

Please have this form completed by the ARDMS sonographer with whom you worked most closely during your observation time. Please note that by signing this form, you are giving the individual permission to complete an evaluation of you. This evaluation will become part of your program application and will remain confidential.

To the Evaluator:

The individual listed above is applying to the Sonography Program at Chattanooga State Community College. The Sonography Selection Committee needs your input to assist with the student selection process. Please seal the completed evaluation in an envelope before returning to student. This form will be turned in with the student's program application.

Please Rate the Applicant in the Following Areas:

(Evaluation scale: 4 = superior 3 = good 2 = average 1 = poor 0 = unacceptable)

Characteristics:	Score
Ability to learn: learns rapidly	
Attitude: up-beat & positive	
Communication: communicates clearly & effectively	
Concern for patients: thoughtful & considerate	
Cooperation: works well with others	
Initiative: seeks added responsibility	
Judgment: uses common sense	
Motivation: is enthusiastic & eager	
Perseverance: follows through on tasks	
Personality: pleasing to work with	
Professional behavior: appropriate at all times	
Punctuality: arrives at designated time	
Responsibility: is accountable for actions	
Reliability: is dependable	
Self Confidence: is mature	

Indicate your Overall Recommendation of the Applicant:

- ☐ Strongly Recommend
☐ Recommend
☐ Recommend with Reservations
☐ Do Not Recommend

Reference Information:

Signature: _____ Printed Name: _____

Facility: _____ Phone Number: _____

Observation hours obtained under supervision at your facility: _____

If you are not currently affiliated with our program, please attach a copy of your current ARDMS card to this form.

Additional Comments: Please use back of form for any additional comments. Thank you for your assistance with this important component of the application process.