

DENTAL HYGIENE CLINICAL OBSERVATION FORM

Dear Registered Dental Hygienist,

Thank you for allowing the prospective student to observe you in performing your job duties. The student is applying to the Houston Community College Coleman College for Health Sciences Dental Hygiene Program. It is important that you use this evaluation form to help us assess this prospective student.

Student Name: _____

Observation Criteria	Yes	No	N/A
Was the student on time for the observation?			
Did the student appear to be paying attention?			
Was the student dressed and groomed properly?			
Did the student ask questions to get information?			
Was the student polite and courteous?			
Did the student ask questions?			
Did the student seem interested in the dental hygiene profession?			
Did the student thank you?			
Did the student use eye contact when speaking?			
Comments			

RDH Name (please print): _____

RDH License Number: _____ Dental Office Name: _____

Total Number of Hours Observed: _____

RDH Signature: _____ Date: _____