



COLLEGE of
HEALTH SCIENCES

EAST TENNESSEE STATE UNIVERSITY

RADIOLOGIC SCIENCE PROGRAM
Observation Student Evaluation

Evaluation must be given to the technologist at the end of clinical observation hours for completion. The form will be kept on file at the hospital to be picked up by the ETSU Radiologic Science Clinical Coordinator. If a student completes hours at multiple facilities, **one form** must be completed per facility.

Perspective Student: _____ **Date:** _____ **Clinical Site:** _____

Objective	Need Major Improvement 1	Occasionally Performs 2	Usually Performs 3	Always Performs 4
Student is punctual in attendance				
Conducts self in professional manner				
Observes all exams and procedures during observation hours				
Communicates in proper and professional manner with staff, and public				
Ask appropriate questions				
Student displays a positive attitude refraining from negative or derogatory comments about patients, staff, or other clinical sites				
Student showed interest and initiative in learning. Did not require prompting to be involved in exams				

Student complied with no cell phone policy **Yes**____ **NO**____

Student complied with hospital dress code **Yes**____ **NO**____

Comments: _____

