

Applicant Name: \_\_\_\_\_

Observation Dates: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**To the Applicant**

Please have this form completed by the ARRT registered radiographer 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. Applicants must document a minimum of 10 up to a maximum of 20 observation hours in a full-service Radiology department for the opportunity to earn up to **10 points toward RADT competitive admission**. Completion of 10 hours may earn up to 5 maximum points and completion of 20 hours may earn up to 10 maximum points for admission scoring.

**To the Evaluator**

The individual listed above is applying to the Radiologic Technology Program at Chattanooga State Community College. The RADT 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**

<b>Characteristics:</b>	<b>Score</b>
Attitude: up-beat & positive	
Communication: communicates clearly & effectively	
Concern for patients: thoughtful & considerate	
Cooperation: works well with others	
Motivation: is enthusiastic & eager	
Personality: pleasing to work with	
Professional behavior: appropriate at all times	
Punctuality: arrives at designated time	
Reliability: is dependable	
Self Confidence: is mature	

Designate each characteristic with the following letters:

**Superior = S** 1 point for 20 hours, 0.5 points for 10 hours

**Good = G** 0.75 points for 20 hours, 0.375 points for 10 hours

**Average = A** 0.5 points for 20 hours, 0.25 points for 10 hours

**Poor = P** no points awarded

**TOTAL** \_\_\_\_\_

Total score will be calculated by the RADT program

**Reference Information**

Clinical Facility: \_\_\_\_\_

Phone: \_\_\_\_\_

Total Observation Hours Completed: \_\_\_\_\_

Supervising Technologist (printed name & signature): \_\_\_\_\_

Affiliate Director (printed name & signature): \_\_\_\_\_

Please use the space below for any additional comments. Thank you for your assistance with this important component of the RADT application process.