

RADT Observation Form

Applicant Name _____

Total Observation Hours _____

Applicant Signature _____

(document all dates/hours on back of form)

Facility Name & Address _____

Facility Director (printed name & signature) _____

Facility Director Contact Information (phone & email) _____

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 appreciates your assistance with the student selection process. Please return the completed form to the student for submission with the program application.

Please Rate the Applicant in the Following Areas:

CHARACTERISTIC	RATING
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: always appropriate	
Punctuality: arrives at designated time	
Reliability: is dependable	
Self Confidence: is mature	

Superior (S): demonstration of excellence
1 point/0.5 points

Highly Effective (H): consistent above standard
0.75 points/0.375 points

Effective (E): meets expectations
0.5 points/0.25 points

Needs Improvement (N): requires development
0.25 points/0.125 points

Unacceptable (U): did not meet expectations
0 points/0 points

Reference Information

Supervising Technologist (printed name & signature): _____

Please use the space below for any additional comments.

Observation Dates

Date _____ Time In _____ Time Out _____ Hours _____

Supervising Technologist _____

Date _____ Time In _____ Time Out _____ Hours _____

Supervising Technologist _____

Date _____ Time In _____ Time Out _____ Hours _____

Supervising Technologist _____

Date _____ Time In _____ Time Out _____ Hours _____

Supervising Technologist _____

Date _____ Time In _____ Time Out _____ Hours _____

Supervising Technologist _____

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Supervising Technologist _____