

# RESP 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 current licensed registered respiratory therapist 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 Respiratory Therapy department for the opportunity to earn up to **10 points toward RESP 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 Respiratory Care Program at Chattanooga State Community College. The RESP 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 Respiratory Therapist (printed name & signature):** Please use the space below for any additional comments.

\_\_\_\_\_

## Observation Dates

Date \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Hours \_\_\_\_\_

Supervising Therapist \_\_\_\_\_

Date \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Hours \_\_\_\_\_

Supervising Therapist \_\_\_\_\_

Date \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Hours \_\_\_\_\_

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Date \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Hours \_\_\_\_\_

Supervising Therapist \_\_\_\_\_