CHATTANOOGA STATE

Clinical Observation Evaluation Form for Sonography Programs

| COMMONTT COLLEGE | | Tot Sollography i Tograms |
|--|---------------|---------------------------|
| Applicant Name: Applicant Name | cant Signatur | re: |
| To the Applicant Please have this form completed by the ARDMS sonographer 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. | | |
| To the Evaluator The individual listed above is applying to the Sonography Program at Chattanooga State Community College. The Sonography 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 (Evaluation scale: 4 = superior 3 = good 2 = average 1 = poor 0 = unacceptable) | | |
| Characteristics: | Score |] |
| Ability to learn: learns rapidly | Score | - |
| Attitude: up-beat & positive | | - |
| Communication: communicates clearly & effectively | | - |
| Concern for patients: thoughtful & considerate | | - |
| Cooperation: works well with others | | - |
| Initiative: seeks added responsibility | | - |
| Judgment: uses common sense | | 1 |
| Motivation: is enthusiastic & eager | | |
| Perseverance: follows through on tasks | | 1 |
| Personality: pleasing to work with | | |
| Professional behavior: appropriate at all times | | |
| Punctuality: arrives at designated time | | |
| Responsibility: is accountable for actions | | |
| Reliability: is dependable | | |
| Self Confidence: is mature | | |
| Indicate your Overall Recommendation of theStrongly RecommendRecommendRecommend with ReservationsDo Not Recommend | Applicant | |
| Reference Information | | |
| | Printed Name: | |
| Facility: | Phone Number: | |
| Observation hours obtained under supervision at your facility: | | |

If you are not currently affiliated with our program, please attach a copy of your current ARDMS card to this form. Additional Comments: Please use back of form for any additional comments. Thank you for your assistance with this important component of the application process.