

DENTAL HYGIENE OBSERVATION

This form must be completed *in your own handwriting* – DO NOT create a new form or type answers on this form or on a separate page.

Please respond to the following brief questions and have the registered dental hygienist you shadowed complete the bottom of this form including signature.

A PDF COPY OF THIS FORM MUST BE SUBMITTED WITH YOUR DENTAL HYGIENE ONLINE APPLICATION, DUE THE FIRST FRIDAY IN NOVEMBER.

1. What were your expectations prior to this visit of what the hygienist would be doing?

2. How did your observations compare with your expectations?

3. Which of the observed procedures would you enjoy doing the most, and **WHY**?

4. Which of the observed procedures would you enjoy doing the least, and **WHY**?

5. How did the observation influence your decision to pursue a career in dental hygiene?

6. Please list what dental hygiene procedures you observed during this required visit.

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I verify that _____ observed me for a half
day at the office of _____

Date of Observation: _____

Registered Dental Hygienist Printed Name

Registered Dental Hygienist Signature

Dental Hygiene School and Year of Graduation
