

JCC Radiologic Technology Program

Student Observation Form

_____ has completed four hours _____
Student Name (time) from--to

of clinical observation at _____ Hospital. During this observation, the student observed the following areas/s.

(1) _____

(2) _____

(3) _____

(4) _____

Comments:

Clinical Coordinator or Supervising Technologist Signature

____ - ____ - ____
Date

Revised: 8/2/04