DENTAL HYGIENE OBSERVATION
(To be completed in your own handwriting on this form – DO NOT create a new form or type answers on a separate page.)
Please have the registered dental hygienist sign at the designated place at the bottom of this form. Please respond to the following brief questions. Please return to: Wichita State University, Department of Dental Hygiene, 1845 Fairmount, Wichita KS 67260-0144. **THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN 5:00 P.M. CST ON THE SECOND FRIDAY IN NOVEMBER.**

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

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2. How did your observations compare with your expectations?

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

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

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

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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