DENTAL HYGIENE OBSERVATION

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

2. Have the registered dental hygienist sign at the designated place at the bottom of this form. Respond to the following questions.

3. Upload to the DHCAS application. The observation must be completed and uploaded by December 14, 2018.

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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________________________________________________________________________
________________________________________________________________________
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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

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Dental Hygiene School and Year of Graduation