**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. Complete and return to dental hygiene department by second Friday in November, 2019, 5:00 p.m.

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

__________________________________________________________

Dental Hygiene School and Year of Graduation