



Clinical Ultrasound Observation Form
for prospective applicants

Instructions:

- 1) This is a medical facility, act professionally.
2) Respect patient's rights and privacy at all times.
3) Ask questions. It's the best way to understand our profession.
4) Please dress appropriately for a hospital atmosphere. No jeans, sweatpants, miniskirts, or open-toed shoes. Shirts must have a collar. Wear comfortable walking shoes.
5) No gum chewing allowed at any time.
6) Do not use your cell phone while observing.
7) Do not bring family members or friends with you to the observation experience.
8) All observations must be complete within 12 months of applying to the program.
9) Provide these forms and an empty envelope to the sonographer you're observing.
10) Submit this completed form with all of your application materials to the Diagnostic Medical Sonography program Director at Volunteer State Community College.

Student:

I, _____, have read the above instructions and agree to all conditions. My signature below indicates agreement and understanding to abide by all policies and procedures of the facility where my observation experience will take place. I understand this experience may be discontinued at the discretion of the facility or college for any reason at any time. In addition, Volunteer State Community College and the healthcare facility are released from any and all responsibility regarding any accident, incident, or injury that might occur during my observation experience.

Student signature _____ Date _____

Sonographer:

The individual named above has completed ____ hours of observation in our sonography department.

Sonographer Name _____ Sonographer Signature _____

ARDMS # _____

Facility Name _____

Address _____

Department Phone Number _____

Exams Observed: _____, _____, _____, _____, _____,

_____, _____, _____, _____, _____, _____,



Clinical Ultrasound Observation Evaluation Form

for prospective applicants

Applicant Name: _____ **Applicant Signature:** _____

For the Applicant: Please have this form filled out by the ARDMS registered sonographer you observed with the most during your experience. By signing this form, you are authorizing the individual permission to complete an evaluation of you. This evaluation will become part of your program application and will remain confidential. All forms must be submitted in one packet by the applicant.

For the Evaluator: Thank you for allowing this prospective applicant the opportunity to observe in your imaging department. Your input is a valuable part of our selection process. **Please place the completed form in the provided envelope and seal it prior to returning it to the applicant.**

Please rate the prospective applicant in the following areas using the defined grading scale:
4 = Superior, 3 = Good, 2 = Average, 1 = Poor, 0 = unacceptable

Characteristic	4	3	2	1	0
Ability to learn: learns rapidly, information does not need to be repeated					
Attitude: positive, energetic, inquisitive					
Communication: communicates clearly and effectively					
Concern for patients: considerate and thoughtful of patients and their needs					
Initiative: actively seeks details about the profession. Asks questions					
Judgement: uses common sense, makes educated decisions					
Motivation: enthusiastic and eager					
Perseverance: completes given tasks					
Professional behavior: appropriate at all times					
Punctuality: arrives at designated time					
Responsibility: accountable for actions					
Reliability: dependable					
Self-confidence: displays confidence and maturity					

Indicate your overall recommendation of the prospective applicant:

- Strongly Recommend
- Recommend
- Recommend with Reservations
- Do Not Recommend

Sonographer Name _____ Sonographer Signature _____

Facility Name _____

Department Phone Number _____