

## Evaluation of Observing Applicant

Updated: 12/18/2025

**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. **Provide an envelope for the sonographer to place this evaluation in when it is completed. \*\*Bring this signed and sealed envelope to the in-person interview\*\***

**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 sign over the seal 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 \_\_\_\_\_

ARDMS # \_\_\_\_\_

Facility Name \_\_\_\_\_

Department Phone Number \_\_\_\_\_