



**STATE TECHNICAL COLLEGE OF MISSOURI**

**Medical Radiologic Technology Program**

**Applicant Observation Evaluation**

**Applicant Name:** \_\_\_\_\_

**Radiology Department:** \_\_\_\_\_

**Technologist Name:** \_\_\_\_\_

**Applicant:** Bring this evaluation form with you to the observation. Following the observation, the technologist must fill out this form, put it in an envelope, seal the envelope, and sign across the envelope seal. Envelopes with broken seals and/or missing signatures will not be accepted. The envelope must be returned to Admissions.

**Evaluator/Technologist:** Please fill this form out at the end of the observation. Place in an envelope. Once you have sealed the envelope, sign your name across the seal and return to the observer.

<b><u>Question</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
1. Did the applicant arrive at his/her scheduled time?	<b>Y</b>	<b>N</b>
2. Did the applicant dress in a professional manner?	<b>Y</b>	<b>N</b>
3. Did the applicant behave in a professional manner throughout his/her time in your department?	<b>Y</b>	<b>N</b>
4. Did the applicant engage in job-related conversation and ask questions about exams being performed?	<b>Y</b>	<b>N</b>
5. Did the applicant take notes about the exams and equipment he/she observed?	<b>Y</b>	<b>N</b>
6. Did the applicant show interest in the exams that were performed?	<b>Y</b>	<b>N</b>
7. Do you recommend the applicant for the MRT program?	<b>Y</b>	<b>N</b>

**Technologist Comments:**

**Technologist Signature:** \_\_\_\_\_