

Central Ohio Society of Mammographers' Scholarship Observation Form

Name of applicant _____

Name of observation site _____

Date of observation _____

Form to be completed by personnel from a mammography facility. Please rate and comment on the following characteristics/actions of the applicant during the observation period at your site.

P= Very Professional

B= Borderline Professional

U= Unprofessional

	Rating	Comment
Professional Attire		
Arrived at appointed time		
Communicated appropriately with staff/ patients		
Exhibited friendly / cordial manner and attitude		
Followed instructions appropriately		
Utilized language appropriate for situation		
Listened appropriately		
Exhibited enthusiasm for mammography and women's health		
Generally Displayed actions appropriate to the environment		
Overall performance		

Do you have any reservations about the ability/attitude or interpersonal skills of the prospective student based on what you have seen during observation hours? If so, please explain.

Signature of person completing evaluation _____

Printed name of person completing form _____

Title of person completing form _____

Date _____ Business phone with AC _____

Please scan and email this completed form to: osrt@osrt.org or mail to:

**Ohio Society of Radiologic Technologists
507 Sycamore Court
Marion, OH 43302**