

UNC Dental Hygiene Shadowing Form

ature:		License #:		
e:		Office Address:		
Date	What you observed		Hours	
	☐ Adult Prophylaxis		Child Prophylaxis	
	☐ Radiography		SC/RP	
	☐ Periodontal Maint	tenance \square	Sterilization	
	☐ Room set-up/brea	akdown		
	Other:			
	Appl	icant Evaluation		
Professionalism	☐ Above Average	☐ Average	☐ Below Average	□ N/A
Communication skills	☐ Above Average	☐ Average	☐ Below Average	□n/a
stered Dental Hygienist (ature:				
		License #:		
ature:		License #:		
ature:	☐ Adult Prophylaxis	License #: Office Address: What you observed		
ature:	☐ Adult Prophylaxis☐ Radiography	License #: Office Address: What you observed	Child Prophylaxis	
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