

**Amarillo College – Radiation Therapy Program
Clinical Site Visit Evaluation Form**

APPLICANT TO TAKE COPIES OF THIS FORM TO THE CLINICAL SITE VISIT

**Each RTT that spends meaningful time with the student will complete this evaluation (up to 3 RTT's),
print as many as are needed**

Please fax form to : Attn: Tony Tackitt (806) 354-6076

Name of visitor (applicant): _____

Evaluating RTT (print): _____

Evaluating RTT email address (print): _____

Name of Clinical Site: _____

Date of observation: _____

Instructions: please rank each category with **5 being excellent and 1 being poor**. Please list any additional comments under the general comment section. Thanks again for your continued support of the program.

I. COMMUNICATION SKILLS

Excellent.....Poor

-Oral communication ability	5	4	3	2	1	0
-Handles questions and answers appropriately	5	4	3	2	1	0

II. INTEREST IN ROLE OF THERAPIST

-Observes activities with interest	5	4	3	2	1	0
-Presents positive, upbeat personality	5	4	3	2	1	0

III. LEVEL OF MATURITY

5	4	3	2	1	0
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IV. DEMONSTRATION OF WORK ETHIC

-Arrives to assigned location on time	5	4	3	2	1	0
-Follows instructions	5	4	3	2	1	0

V. PERSONAL APPEARANCE

-Consistently aware of personal hygiene	5	4	3	2	1	0
-Overall appearance (business casual clothing or scrubs)	5	4	3	2	1	0

What was your overall opinion of this student's attitude, performance, and behavior during this evaluation period. This is the only rating that really counts for points. Please check one

_____ Well above average, 'would truly look forward to working with this prospective student

_____ Above-average candidate

_____ Presents as an average overall candidate

_____ Below average, but might have some potential

_____ Well below average, and LACKS MOTIVATION to improve. Serious concerns about this applicant.

GENERAL COMMENTS:

RTT signature _____ date _____