

**Radiation Therapy Program at the Community College of Allegheny County
Prospective Student Shadowing Evaluation Form**

Applicant Name: _____ Clinical Site: _____

Evaluator's Printed Name: _____ Date: _____

Evaluator's Signature: _____ Total observation hours: _____

To be completed by the supervising radiation therapist(s):

	Excellent	Above Average	Average	Below Average	Poor or Lacking Information
Interest					
Attitude					
Initiative					
Self-Confidence					
Maturity					
Communication Skills					
Behavior					
Appearance					
Punctuality					
Basic Knowledge of RTT					
Relevant Questioning					

Would you recommend this applicant for admission into the CCAC RTT Program?

Yes, without reservation

Yes, with reservation

No

Please comment: (Comments are greatly appreciated!)

Please scan form and email to kcollette@ccac.edu

Phone: 412-237-2752