

DENTAL HYGIENE JOB SHADOWING

Student Name: _____

Dental Practice Name: _____

Date(s) of Observation: _____ Total amount of hours completed: _____

Names of Clinician(s) Observed: _____

Observed clinician signature (minimum of one): _____

Printed name: _____ Phone: _____

Check off all areas/procedures you were able to observe. Emphasis should be on dental hygiene procedures.

- | | |
|---|---|
| <input type="checkbox"/> Patient appointment scheduling | <input type="checkbox"/> Periodontal examination |
| <input type="checkbox"/> Medical history review and vital signs | <input type="checkbox"/> Dental charting |
| <input type="checkbox"/> Extra and intra-oral examinations | <input type="checkbox"/> Dental Health Education |
| <input type="checkbox"/> Exposure of radiographs | <input type="checkbox"/> Polishing teeth |
| <input type="checkbox"/> Scaling and root planing (using instruments) | <input type="checkbox"/> Sealants |
| <input type="checkbox"/> Administration of local anesthesia | <input type="checkbox"/> Sterilization procedures |
| <input type="checkbox"/> Fluoride treatment/varnish application | <input type="checkbox"/> Infection control procedures |

On the reverse side, please reflect on your experiences job shadowing in a dental office. Your form will be submitted the first day of class at the “meet and greet”. This legible, handwritten reflection should contain the following:

- Share what you liked best and why.
- Tell us what was the most surprising.
- Discuss what was different than you expected.
- Tell us how this has influenced your opinion on dental hygiene as a profession for yourself.

TURN OVER →→→

