

Dental Hygiene Program Shadowing/Observation Log

Student Name: _____ **Applying for entry in Fall:** _____

Please enter below the date, check-in, and check-out time. Also include the person(s) being shadowed/observed contact information. Please note that this information will be used to verify the information provided.

Date	Time in	Time out	Total Time	Name Printed and Signature of Person Being Observed
Total Observation Time:				

Person Being Observed:

Email address: _____

Work Phone Number: _____

Physical Address: _____

Person Being Observed:

Email address: _____

Work Phone Number: _____

Physical Address: _____