

# Observation Hours

Observe 3 dental hygienists, 4 hours each, at 3 different dental offices. Ask the hygienists the following questions and record their responses. Dress in professional attire and closed shoes.

If you have previously applied to the SJC Dental Hygiene Program, check below and list the year.

*Previously Applied:* \_\_\_\_\_

Applicant's Name	<b>Affix Dental Office Business Card Here</b>
Name of Dental Office	
Date of Observation	
Name of Dental Hygienist Applicant Observed	

**Applicant Observe and Record**

- 1) What is the best part of your job?
  
- 2) What is the worst part of your job?
  
- 3) What is your average daily routine?
  
- 4) Notes

Signature of Applicant: \_\_\_\_\_

**Dental Hygienists Notes**

Signature of Hygienist: \_\_\_\_\_