

Dental Office Observation Form Prophylaxis or Supportive Periodontal Therapy

This form must be dated within 2 years of the application filing period start date.

To the Dental Professional:

The Foothill College Dental Hygiene Program requires our prospective dental hygiene students to observe a dental hygienist to gain an understanding of dental hygiene practices and dental office procedures. We appreciate your time in allowing students to observe you in your workplace. Our goal is that our applicants will be better informed regarding their chosen career path. This form must be completed and signed by the dentist and hygienist regardless of employment experience of the prospective applicant. **The observation requires a minimum of 3 hours and maximum of 8 hours.**

Applicant's Full Name:		Date:	
Time Arrived:	Time Departed:	Total Hours:	
and/or supportive periodontaprocesses. The infection cor	al therapy (maintenance) procedu	Itist , performing an entire recall prophylaxis are including observation of infection control atory preparation, post-appointment protocol,	
Dental Office Name	Address		
Dental Office Phone #	City/Zip Co	ode	
RDH Signature, License No	o. DDS Signa	ature, License No.	

Write a reflection on what you learned during your observation of the dental hygienist.

Please consider the following areas in your reflection: What procedure(s) did you observe? How did the dental hygienist interact with the patient during the appointment? How did the dental hygienist interact with co-workers (dentist, dental assistant, etc)? How did the dental hygienist manage their time? Did the observation affect your decision to pursue dental hygiene as a career? Why or why not?

Writing Requirements: reflection must be 300-400 words, double-spaced, font size 11, college level writing with no errors in grammar, punctuation, or spelling. Do not submit an outline. Reflection must be written in paragraphs. Submit reflection as a PDF with the signed observation form with your application.