

# YOUNGSTOWN STATE UNIVERSITY RADIOLOGIC TECHNOLOGY PROGRAM

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

If you have a YSU Student ID (Y #), please provide it here: Y00 \_\_\_\_\_

## Job Shadowing Experience

### **Radiologic Technology Shadowing Verification Form – Page 1**

Applicants to the Associate of Applied Science in Radiologic Technology program are required to complete four hours of in-person job shadowing in a hospital Radiology department. This form must be taken to the facility where the applicant is shadowing and signed by the radiologic technologist who supervised the hours to verify completion. Once page 1 of this form is completed, it is **returned to the applicant** to be uploaded with their program application.

Name of Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

Department Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time In/Out: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Radiologic Technologist: \_\_\_\_\_ (Print)

Radiologic Technologist: \_\_\_\_\_ (Signature)

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

### **IMPORTANT:**

**Once page 1 of the shadowing hours is completed, the verification form must be signed by the technologist and returned to the applicant before they leave the department. The applicant is responsible for uploading the form with their application and retaining a copy for their records.**

# **YOUNGSTOWN STATE UNIVERSITY RADIOLOGIC TECHNOLOGY PROGRAM**

Applicant Name: \_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

## **Radiologic Technology Shadowing Evaluation Form – Page 2**

The radiologic technologist will evaluate the applicant using this form. It will be reviewed by the admissions committee and kept confidential. Once completed, please email the form to the Program Director at **lgalich@ysu.edu** and include the **applicant's name** in the subject line.

**\*This form is not to be returned to the applicant. \***

### **EVALUATION**

<b>SECTION</b>	<b>CRITERIA</b>	<b>EXCELLENT</b>	<b>SATISFACTORY</b>	<b>NEEDS IMPROVEMENT</b>
<b>PROFESSIONALISM:</b>	Punctuality			
	Appearance			
	Attitude			
<b>COMMUNICATION:</b>	Interaction with staff			
<b>ENGAGEMENT AND PARTICIPATION:</b>	Actively engaged during shadowing			
	Asked relevant questions			
	Demonstrated understanding of radiologic procedures			
<b>KNOWLEDGE AND SKILLS:</b>	Demonstrated basic radiology knowledge			
	Ability to observe and follow instructions			
	Awareness of patient safety protocols			
<b>OVERALL IMPRESSION:</b>	The applicant showed a strong interest in the radiologic technology field			
	Suitable program candidate			

**Please provide additional comments and sign on the back of the form.**

**Additional Comments:** (Please provide any other observations or feedback about the student's performance during their shadowing experience.)

---

---

---

---

**Evaluator Name:** \_\_\_\_\_ (Print)

**Evaluator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Technologists:** Please email the completed evaluation to [lgalich@ysu.edu](mailto:lgalich@ysu.edu) and include the student's full name in the subject line of the email. Please be sure to include both sides of this form. Thank you for supporting the YSU Radiologic Technology Program.