

**Radiation Therapy Program at the Community College of Allegheny County
Career Exploration Evaluation Form**

Applicant Name: _____ Date of Observation: _____

Evaluator's Name: _____ Clinical Setting: _____

Total observation hours: _____

Supervising radiation therapist(s), please rate the applicant on the following:

	Above Average	Average	Below Average
Professional appearance/hygiene			
Interest/enthusiasm			
Initiative to assist/teamwork			
Maturity/sensitive to privacy			
Self-confidence			
Communication skills/interactions			
Professional behavior/attitude			
Basic Knowledge of RT			
Ask appropriate questions			

1. Did the student arrive at the scheduled time? ____yes ____no
2. Did the student stay for the agreed upon time? ____yes ____no

Would you recommend this applicant for admission into the CCAC RT Program?

____ Yes, without reservation ____ Maybe, some reservations ____ No

Please comment: (Comments are valued for the decision-making process and are greatly appreciated!)

**Therapists: Please do not give to the applicant. Scan and email the form to kcollette@ccac.edu.
Thank you for your continued support of the program. Phone: 412-237-2752**