

**Blinn College Dental Hygiene Program**  
**Observation Log**  
**Observation of Registered Dental Hygienist Only**

Student's Name \_\_\_\_\_ Month/Day of birth: \_\_\_\_\_

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*\* Observation **must** occur between the following dates: Feb. 1, 2019– Jan. 31, 2020*

Date of Observation \_\_\_\_\_ Total Hours Observed \_\_\_\_\_

Name of Office \_\_\_\_\_

Office Address \_\_\_\_\_

Phone# \_\_\_\_\_ Name of Hygienist \_\_\_\_\_ License# \_\_\_\_\_

Hygienist Signature \_\_\_\_\_ Date \_\_\_\_\_

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Date of Observation \_\_\_\_\_ Total Hours Observed \_\_\_\_\_

Name of Office \_\_\_\_\_

Office Address \_\_\_\_\_

Phone# \_\_\_\_\_ Name of Hygienist \_\_\_\_\_ License# \_\_\_\_\_

Hygienist Signature \_\_\_\_\_ Date \_\_\_\_\_

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Date of Observation \_\_\_\_\_ Total Hours Observed \_\_\_\_\_

Name of Office \_\_\_\_\_

Office Address \_\_\_\_\_

Phone# \_\_\_\_\_ Name of Hygienist \_\_\_\_\_ License# \_\_\_\_\_

Hygienist Signature \_\_\_\_\_ Date \_\_\_\_\_

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Date of Observation \_\_\_\_\_ Total Hours Observed \_\_\_\_\_

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Hygienist Signature \_\_\_\_\_ Date \_\_\_\_\_