

**Blinn College District
Veterinary Technology Program**

DOCUMENTATION OF VETERINARY EXPERIENCE FORM

To be completed by the applicant:

Name: _____

Date: _____

Under the provisions of the "Family Education Rights and Privacy Act of 1974", you have the right to see evaluations for admission. Please choose the appropriate phrase and sign your name.

_____ I waive _____ I do not waive _____ the right of access that I have to this form.

Number of hours of veterinary experience: _____

Applicant's signature _____

To be completed by the Supervising Veterinarian or LVT:

Please confirm the above documented hours and complete the clinical observation rating form on the back. Place the form in an envelope, seal, sign across the seal, and return the sealed and signed envelope to the student for inclusion in their application packet.

If the applicant has waived his/her right of access (see above), your evaluations will remain confidential. If the applicant does not waive right of access, the student will be permitted to review this evaluation upon request.

_____ I verify that the applicant has volunteered / observed / or worked at our facility for the amount of hours mentioned above. (Please initial)

_____ I **do not** verify that the applicant has volunteered / observed / or worked at our facility for the amount of hours mentioned above. (Please initial)

Please complete the Clinical Observation Rating Form on the back of this page.

Name/Position (Print) _____

Facility Name: _____

Address: _____

Phone: _____

Signature _____

Date: _____

(Over)

Clinical Observation Rating Form

Use the following scale to rate the applicant's behavior during their clinical experience with you.
If you have no basis for an evaluation in a particular category, please circle "0" = "Not observed"

5 = Excellent; Better than most I've seen	4 = Good or Above Average	3 = Average or Satisfactory	2 = Below Average	1 = Poor or Unacceptable	0 = Not observed
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Category	Criteria on which to rate the student	Rating
Professionalism	<input type="checkbox"/> reliable <input type="checkbox"/> punctual <input type="checkbox"/> neat with good hygiene	5 4 3 2 1 0
Enthusiasm and interest in the clinical setting	<input type="checkbox"/> sincerely/appropriately enthusiastic <input type="checkbox"/> actively observes/asks questions	5 4 3 2 1 0
Oral Communication	<input type="checkbox"/> uses good grammar <input type="checkbox"/> ability to express ideas clearly <input type="checkbox"/> uses appropriate terminology	5 4 3 2 1 0
Non-Verbal Communication	<input type="checkbox"/> eye contact <input type="checkbox"/> listens attentively <input type="checkbox"/> body language	5 4 3 2 1 0
Attitude	<input type="checkbox"/> keeps a positive attitude <input type="checkbox"/> displays optimism	5 4 3 2 1 0
Maturity in the Clinical Setting	<input type="checkbox"/> demonstrates mature behavior relative to patient care situations <input type="checkbox"/> exercises discretion with both words/actions	5 4 3 2 1 0
People Skills	<input type="checkbox"/> works effectively with others <input type="checkbox"/> is pleasant to be around <input type="checkbox"/> accepts instruction well	5 4 3 2 1 0
Seriousness about the profession	<input type="checkbox"/> has significant knowledge/or experience base OR <input type="checkbox"/> is motivated to gain additional knowledge or experience base <input type="checkbox"/> has realistic understanding of the scope of Veterinary Technology	5 4 3 2 1 0

Given that future performance mirrors past performance, if you had an opening at your facility, would you likely hire this person as an LVT? _____ yes _____ no _____ have not observed long enough to say

Additional Comments: