

Clinical Observation Verification Form

University of Arkansas for Medical Sciences, Genetic Counseling Program

As part of the application requirement, students are required to observe the activities of a genetic counselor. This form serves as documentation of observation time. Please submit to the genetic counselor(s) you shadow.

Section 1: To be completed by the student

Student Name: _____

Genetic Counselor Observed: _____

Clinic Name: _____

Date Observed: _____ Hours Observed: _____

Section 2: To be completed by the genetic counselor

Please circle your rating for each of the following. [1= inadequate, 2= adequate, 3=exceptional]

Professional appearance	1	2	3
Respectful and friendly to clinic staff	1	2	3
Appropriate interactions with patients and their families (if applicable)	1	2	3
Sincerely and appropriately enthusiastic	1	2	3
Punctual and used observation time efficiently	1	2	3
Positive attitude	1	2	3
Demonstrated mature behavior related to patient care situations	1	2	3
Asked appropriate questions	1	2	3
Questions and comments were made at appropriate times and to appropriate people	1	2	3
Was helpful during clinic (if applicable)	1	2	3
Based on the student's behavior in your practice, what overall ranking would you assign to the student?	1	2	3

Comments:

Genetic Counselor Signature: _____

Date:

Please return form to: Noelle Danylchuk, Fax: (501) 686-5716 or via email at: NRDanylchuk@uams.edu