Radiologic Science Program
Student Shadow Evaluation Form

Student Name: _____
Clinical Facility: _____
Modalities Shadowed: _____
Evaluator Name and Title: _____
Dates of Shadow Experience: _____

Rating Scale:
4 – Exceeds Expectations
3 – Meets Expectations
2 – Needs Improvement
1 – Unsatisfactory
N/A – Not Observed

Evaluation Criteria:

Professional Behavior
(Follows site protocols, arrives prepared, maintains professional demeanor)
Rating: 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐

Cell Phone and Distraction Management
(Refrains from personal phone use, remains attentive)
Rating: 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐

Engagement in Learning
(Actively observes, shows interest, participates appropriately)
Rating: 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐

Communication and Questions
(Asks appropriate modality-related questions, interacts respectfully)
Rating: 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐

Interest in Radiology Profession
(Demonstrates enthusiasm and curiosity about the imaging field)
Rating: 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐

Adherence to Safety and Etiquette
(Respects patient privacy, follows department rules, uses good judgment)
Rating: 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐

Overall Performance Rating
Exceeds Expectations ☐
Meets Expectations ☐
Needs Improvement ☐
Unsatisfactory ☐

Evaluator Comments:

Evaluator Signature: _____
Date: _____