

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

Applicant Name: \_\_\_\_\_ Date of Observation: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_ Clinical Setting: \_\_\_\_\_

Program (A.S/Cert) and year applying for: \_\_\_\_\_ Total observation hours: \_\_\_\_\_

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

	Above Average	Average	Below Average
Arrived on time and prepared			
Stayed for agreed upon time			
Professional appearance/hygiene			
Interest/enthusiasm			
Initiative to assist/teamwork			
Maturity			
Self-confidence			
Communication skills/interactions			
Professional behavior/attitude			
Basic Knowledge of RT			
Asked appropriate questions			

1. Did the prospective applicant arrive at the scheduled time? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Did the prospective applicant 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!)

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**Therapists: Please scan and email the form to [kcollette@ccac.edu](mailto:kcollette@ccac.edu). Phone: 412-237-2752.  
Thank you for your continued support of the program.**