
Veterinary Technician Observation

This is to certify that _____ has worked/observed in my clinic 40 hours within the past two years.

Please rate the student objectively based on observed behaviors. Give feedback that can help the student/program identify both strengths and areas of potential growth.

If you have concerns about this student joining the veterinary technology profession, please contact the Program Director immediately by calling St. Petersburg College at (727) 302-6733 or by email at Gorham.Tricia@spcollege.edu. **If you would rather share this observation form privately, you may also send it to Tricia Gorham at the email provided above.**

****This form must be completed by a CVT, RVT, LVT, DVM, or VMD**

****Digital Signatures are not accepted**

| | |
|--|--|
| Student Name: | |
| Clinic Name: | |
| Supervisor's printed name and credentials | |
| Supervisor's phone number | |
| Supervisor's email | |
| Supervisor's signature | |

Please check off the observations/discussions that have been completed:

- Job duties of a credentialed veterinary technician
- Anticipated wages for a credentialed veterinary technician
- Working hours and physical requirements for a veterinary technician

Observation in the technician's role in:

- Anesthesia
- Surgical assisting
- General nursing care of hospitalized patients
- Radiology procedures
- Observation of major surgical procedures
- Veterinary Software – appointment scheduling, invoice preparation, cash management
- Client interaction / Education
- Instrument clean-up / Autoclaving
- Laboratory procedures: parasitology, hematology, serology

Assessment Scale

- **N/A – Not Applicable:** The work-based learning opportunity provided no opportunity to observe this type of skill
- **1 – Performance Improvement Needed:** Needs to have a strategy to improve
- **2 – Competent:** Regularly demonstrates and is aware of the importance
- **3 – Proficient:** Exceeds expectations, showing initiative to learn

| | Employability Skills | Score (1-3) Rate each category, not each skill | Feedback |
|--------------------------------|---|---|-----------------|
| Applied Knowledge | Critical Thinking <ul style="list-style-type: none"> • Thinks creatively • Thinks critically • Makes sound decisions • Solves problems • reasons • Plans/organizes | | |
| Effective Relationships | Interpersonal Skills <ul style="list-style-type: none"> • Understands teamwork and works well with others • Responds to customer needs • Respects individual differences Personal Qualities <ul style="list-style-type: none"> • Demonstrates responsibility and self-discipline • Adapts and shows flexibility • Demonstrates a willingness to learn • Demonstrates integrity • Demonstrates professionalism | | |
| Workplace Skills | Resource Management <ul style="list-style-type: none"> • Manages time/arrives promptly Communication Skills <ul style="list-style-type: none"> • Communicates verbally • Listens actively • Observes carefully • Effectively communicates with staff • Works in a manner that ensures safety to oneself, animals, and co-workers | | |
| Evaluation Review | <p>Are you willing to allow this student to return to your practice to complete the clinical hours required of the program?</p> <p>If no, could you please provide feedback as to why.</p> | | |