

Mammography/Breast Sonography Shadowing Form

Arkansas State University Mammography/ Breast Sonography Shadowing Form

Student Name: _____

This student completed a shadowing experience in the Medical Imaging Department at
_____ facility on _____ date.

Circle one

1. The student was punctual and professional.

Yes

No
2. The student was prepared with questions and showed eagerness to learn.

Yes

No
3. The student demonstrated good patient interactions and good communication skills.

Yes

No
4. The student had appropriate questions related to Mammography or Breast Sonography.

Yes

No

Mammography Technologist or Ultrasound Technologist comments:

Technologist Signature: _____

Student Section:

Discuss your shadowing experience.

Student Signature: _____ Date: _____

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