



DENTAL ASSISTING OBSERVATION FORM

Student Name _____

Date _____ from _____ a.m./p.m. to _____ a.m./p.m.

Dental Office _____

Address _____

Dental Specialty _____

Dentist's Signature _____

* All individuals are required to visit a dental office that employs a dental assistant and observe the functions and responsibilities of a dental assistant for a minimum of 8 hours. If less than 8 hours are completed on this form, please submit a second form with the remaining hours included.