



RESPIRATORY THERAPY PROGRAM UNIVERSITY OF MISSOURI OBSERVATION INFORMATION FORM

A **minimum of EIGHT HOURS** of observation must be completed and documented prior to applying to the Respiratory Therapy Program. This will consist of shadowing a registered respiratory therapist working with patients. The observations cannot be done within a department or program in which the candidate is employed; nor can the observed therapist be a relative. **Observations must be at two different facilities.** The requirement for the **RT 1000 class is only 4 hours.**

Your Name _____	Student # _____
Facility _____	
Name	City
State	
Date of Observation _____	# of Hours Observed _____

Please check below the type of patient/setting/procedure you observed. If your observation was of a different nature, please describe it in the comment section below.

Type of Patient: _____ Adult	_____ Child/Adolescent	_____ Neonatal
Procedures Observed: _____ CPR	_____ Pulmonary Functions	_____ Arterial Blood Gases/Arterial Line
_____ Airway Mgnt	_____ Pediatric Experience	_____ Adult Ventilator Management
	_____ Neonatal Experience	_____ Routine Therapeutic Procedures

Summary of Observation Experience: _____

RRT: Please rank the following on a scale of 1 to 5, with 5 being the highest.

1. _____ The student was present and on time.
2. _____ The student dressed in appropriate attire with ID badge.
3. _____ The student was courteous and respectful toward the staff and patients.
4. _____ The student showed an interest in the treatment/procedures being observed.
5. _____ The student asked appropriate questions during the observation.

Printed Name of RRT Observed: _____

Signature of RRT Observed: _____

Student Signature: _____