

IDAHO STATE UNIVERSITY COLLEGE OF TECHNOLOGY
RESPIRATORY THERAPY
PROGRAM SHADOW

Prospective Student's Name: _____ Student ID #: _____

This program shadow is a sample of what we would like prospective students to see. Not all aspects of respiratory care are listed below. Your institution may be able to show more, but we would like the prospective student to at least see what is listed at a minimum. Please initial beside each completed item. If you have any problems or questions, you may call the Respiratory Therapy Program at 208-282-3653. Thank you for your continuing help in the promotion of our field. This form should be given back to the student in a sealed envelope for return to Student Services at the ISU College of Technology, or it may be faxed to the number listed on the second page.

Experience must have been obtained within the last ten (10) years.

_____ AARC *Life and Breath* Video Watched (www.aarc.org/career/#life)

_____ Meet Department Manager or Supervisor

_____ Tour Department and Hospital

_____ Adult ICU

_____ Observe ABG

_____ Observe Suctioning

_____ See PFT Lab

_____ NICU/PICU

_____ Observe Vent Check

_____ Observe Med Neb Rx

_____ See an ETT or Trach

Any additional area(s) of observation? _____

Did the student show up on time? _____ If not, did she/he give a reason? _____

Did the student appear to have effective verbal communication skills? ___ Yes ___ No. If not please explain. _____

Did the student appear to be motivated/goal directed about the field of respiratory care and the tour?

____ Yes ____ No. If not please explain. _____

Any comments or concerns about the student? (This is strictly confidential and will *only* be seen by key program faculty.) _____

Dates student job shadowed: ____/____/____ To ____/____/____. Total hours: _____

Student's Signature

Date

Student's Name Printed

Hospital Name

Therapist's Signature

Hospital Address

*Please complete this form and return it to the applicant, or you may send or fax it the office listed below.
(Please copy if you need more forms.)*

Idaho State University
College of Technology
Student Services Office
921 South 8th Ave, Stop 8380
Pocatello, ID 83209-8380
Phone: 208-282-2622
Fax: 208-282-5195

***These hours must be completed and the form received in Student Services by the application deadline
of February 15, 2012.***