

AUSTIN COMMUNITY COLLEGE

PHLEBOTOMY TECHNICIAN PROGRAM

STUDENT WEEKLY PROGRESS REPORT

Student Name _____ Date _____

Clinical Site _____

Clinical Instructor _____

Instructions: A separate form is to be filled out each week except for the last week, which requires the final evaluation form. After review by the Phlebotomy instructor the student will review and initial the evaluation. Either mail to: 3401 Webberville Rd., Austin, 78702 or FAX 223-5898. **MAKE A COPY BEFORE YOU MAIL.**

1. Student arrived on time each day scheduled.

- ___ A. Yes
- ___ B. Absent on _____ due to _____.
- ___ C. Tardy: How late _____ Reason _____.

2. Student was dressed and groomed in a neat, professional manner.

- ___ A. Yes
- ___ B. No, comments: _____.

3. Student greeted patients in a courteous and professional manner.

- ___ A. Yes
- ___ B. No, comments: _____.

4. Student organized all appropriate equipment as needed.

- ___ A. Yes
- ___ B. No, comments: _____.

5. Student properly identified all patients prior to collection of the blood specimen.

- ___ A. Yes
- ___ B. No, comments: _____.

6. Student performed the blood collection using appropriate technique.

- ___ A. Yes
- ___ B. No, comments: _____.

7. Student followed Universal Precautions at all times during blood collection and when disposing of used materials.

- ____ A. Yes
____ B. No, comments: _____.

8. Student labeled each specimen collected correctly and at the time it was drawn.

- ____ A. Yes
____ B. No, comments: _____.

9. Student interacted with employees in a pleasant but professional manner.

- ____ A. Yes
____ B. No, comments: _____.

10. When criticized, the student was attentive and utilized it to improve his/her performance.

- ____ A. Yes
____ B. No, comments: _____.

11. Student disinfected the work area and restocked supplies as needed and at the end of his/her shift.

- ____ A. Yes
____ B. No, comments: _____.

12. Please briefly comment on the student's overall performance this past week specifically addressing their areas of strengths and weaknesses.

Evaluator's Signature _____

Student Initials _____