

Blinn College Dental Hygiene Program
Observation Log
Observation of Registered Dental Hygienist Only

Student's Name _____ Blinn ID#: _____

** Observation **must** occur between the following dates: Feb. 1, 2025– Jan. 31, 2026*

Date of Observation _____ Total Hours Observed _____

Name of Office _____

Office Address _____

Phone# _____ Name of Hygienist _____ License# _____

Hygienist Signature _____ Date _____

Date of Observation _____ Total Hours Observed _____

Name of Office _____

Office Address _____

Phone# _____ Name of Hygienist _____ License# _____

Hygienist Signature _____ Date _____

Date of Observation _____ Total Hours Observed _____

Name of Office _____

Office Address _____

Phone# _____ Name of Hygienist _____ License# _____

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Phone# _____ Name of Hygienist _____ License# _____

Hygienist Signature _____ Date _____