

**MARIAN UNIVERSITY**  
— Indianapolis —®  
**Leighton School of Nursing**

**Clinical Observation Form**  
Doctor of Nursing Practice Program  
Nurse Anesthesia Track  
Marian University

One of the application requirements for the Doctor of Nursing Practice (DNP) Program at Marian University includes a clinical observation, or shadowing, experience with an anesthesiologist or CRNA.

**This form verifies the student received supervised observation time; therefore, the person overseeing the student's observation should complete and sign this form.**

The information you provide will help determine the candidate's qualifications for admission into the Marian University DNP program. Thank you for allowing this student the opportunity to learn about the practice of nurse anesthesia.

The information on this form is considered confidential.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Name and position of person overseeing the student observation:

\_\_\_\_\_

1. Did this student handle setting up this observation time appropriately?

exceptional       adequate       inadequate

2. Was the student prompt and dependable during the time with you?

exceptional       adequate       inadequate

3. Did the student appear interested and ask appropriate questions?

exceptional       adequate       inadequate

4. Was the student's appearance appropriate for the practice setting?

exceptional       adequate       inadequate

Comments:

Signature: \_\_\_\_\_