Santa Rosa Junior College
Radiologic Technology Program

PRE-ROTATION FORM

Fill out this form and submit to your new clinical instructor before your orientation session.

Student's Name:_____

1. How long have you been in the Radiology program?
2. Where were your previous rotations and how long at each place?
3. Which positioning skills have you had up to this point?
4. Which positioning skills will you have had by the end of this rotation?
5. Which procedures do you feel comfortable performing?
6. What competencies do you need to be checked off during this rotation?