

Observational Student Evaluation

Student's Name: _____ Supervising ATC Name: _____

Contact Phone and email (of ATC): _____

Site of observational hours: _____ Number of hours observed: _____

Key

5 = All of the time 4 = Most of the Time 3 = Some of the Time
2 = Hardly Ever 1 = None of the Time 0 = Did not observe

Evaluate each item listed below by circling the number that best represents your experience with the observational student.

Personal and Professional Attributes

Enthusiasm and desire to learn	0	1	2	3	4	5
Dresses professionally and appropriately	0	1	2	3	4	5
Punctuality and Dependability	0	1	2	3	4	5
Accepts Responsibility	0	1	2	3	4	5
Interaction with ATC	0	1	2	3	4	5
Accepts Constructive Criticism	0	1	2	3	4	5

Student Strengths:

Student Weaknesses:

At this time do you recommend this athletic training student for admission into the athletic training option?

_____ **Yes** _____ **No**

Athletic Trainer Signature

Date

**ATC please fill out and either email (thubbar1@uncc.edu) or mail (Dr. Tricia Turner, UNC Charlotte, Department of Kinesiology, 9201 University City Blvd, Charlotte, NC 28223) completed form.