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.**