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.**