



Rating Form for AT Observation Hours

(Observation must be with an Certified Athletic Trainer)

Name of Student: _____ Name of Facility & Address: _____

Telephone #: (_____) _____

Date of Observation(s): _____ Total Number of Hours Completed at Facility: _____

	1 Strongly Agree	2 Somewhat Agree	3 Neither Agree nor Disagree	4 Somewhat Disagree	5 Strongly Disagree
Appears interested in learning about the AT profession.					
Adheres to client's right to confidentiality.					
Takes initiative to learn new learning experiences.					
Is respectful of other staff and clients.					
Responds constructively to feedback.					
Appropriate dress for clinic setting.					
Shows a positive attitude toward others.					
Actively asks relevant clinical questions.					
Arrives to clinic on time on scheduled days.					
Demonstrates positive interpersonal skills including but not limited to cooperation, flexibility, and empathy.					
Demonstrates respect for diversity factors of others including but not limited to sociocultural, socioeconomic, spiritual, and lifestyle choices.					

Additional Comments About Student's Performance

Directions: Please sign your name & date of entry when you have commented about the student's performance.

AT Supervisor Name, Credentials, & License #: _____

AT Signature: _____ Date: _____

Please provide us with a phone number where we could best reach you for future questions regarding this rating form: _____