

## OSU Athletic Training Program Observation Hours Report

Name: \_\_\_\_\_

Supervising ATC: \_\_\_\_\_

Setting (collegiate, high school, clinic, other): \_\_\_\_\_

Please rate the above student in the following area in regards to his/her performance during observation hours. Please use the following scale in your evaluation.

**5 superior      4 good      3 average      2 fair      1 unacceptable**

<b>ATTENDANCE</b>					
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Individual scheduled times appropriately and completed appropriate number of hours	5	4	3	2	1
Individual was punctual and showed up for assigned times and activities	5	4	3	2	1

<b>QUALITY OF WORK:</b>					
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Carried out assigned task in detail and efficiently	5	4	3	2	1
Takes safety precautions without need of constant instruction	5	4	3	2	1
Individual was dependable when carrying out tasks	5	4	3	2	1

<b>INITIATIVE:</b>					
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Individual was ambitious, sought out and performed task without being told	5	4	3	2	1
Individual sought out unknown information	5	4	3	2	1
Individual t made intelligent observations and ask questions in a timely manner	5	4	3	2	1
Individual was cooperative and demonstrated self-confident	5	4	3	2	1

<b>INTEREST:</b>					
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Shows interest in athlete-patient	5	4	3	2	1
Demonstrates a positive, enthusiastic and involved attitude.	5	4	3	2	1
Shows interest in AT profession through conversation and preparedness	5	4	3	2	1

<b>PROFESSIONALISM:</b>					
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Dressed appropriately	5	4	3	2	1
Interacts with ATCs, Patients, and Coaches appropriately	5	4	3	2	1
Actions reflect well on profession	5	4	3	2	1

STRENGTHS:

WEAKNESSES:

This evaluation is based on my personal interaction and observation of this individual. I spent approximately \_\_\_\_\_ hours over \_\_\_\_\_ clinical experience visits.

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Signature of Supervising ATC

Date

