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.

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<thead>
<tr>
<th></th>
<th>5 superior</th>
<th>4 good</th>
<th>3 average</th>
<th>2 fair</th>
<th>1 unacceptable</th>
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ATTENDANCE
Individual scheduled times appropriately and completed appropriate number of hours
Individual was punctual and showed up for assigned times and activities

QUALITY OF WORK:
Carried out assigned task in detail and efficiently
Takes safety precautions without need of constant instruction
Individual was dependable when carrying out tasks

INITIATIVE:
Individual was ambitious, sought out and performed task without being told
Individual sought out unknown information
Individual made intelligent observations and ask questions in a timely manner
Individual was cooperative and demonstrated self-confident

INTEREST:
Shows interest in athlete-patient
Demonstrates a positive, enthusiastic and involved attitude.
Shows interest in AT profession through conversation and preparedness

PROFESSIONALISM:
Dressed appropriately
Interacts with ATCs, Patients, and Coaches appropriately
Actions reflect well on profession

STRENGTHS:

WEAKNESSES:

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

Signature of Supervising ATC                               Date
OSU Athletic Training Program
Observation Hours Report

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Supervising ATC: ___________________
Setting (collegiate, high school, clinic, other): _______________________

Applicants must complete a minimum of 50 hours of observation with a Certified Athletic Trainer. Multiple Athletic Trainers and setting can be utilized to complete the full 50 hours. Each supervising ATC must complete a form. Documentation for observation hours must be submitted with all other supplementary application materials.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Daily Total</th>
<th>What I observed</th>
<th>ATC Initials</th>
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TOTAL HOURS: ____________________________
SUPERVISORS SIGNATURE: ___________________