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 dur hours. Please use the following scale in your evaluation. 5 superior 4 good 3 average 2 fair 1 unactions.				tion	
See and the see an					
ATTENDANCE					
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
QUALITY OF WORK:					
Carried out assigned task in detail and efficiently	5	4	3	2	1
Takes safety precautions without need of constant instruction		4	3	2	1
Individual was dependable when carrying out tasks	5	4	3	2	1
INITIATIVE:					
Individual was ambitious, sought out and performed task without being told	5	4	3	2	1
Individual sought out unknown information				2	
Individual t made intelligent observations and ask questions in a timely manner				2	
Individual was cooperative and demonstrated self-confident	5	4	3	2	1
INTEREST:					
Shows interest in athlete-patient	5		3		1
Demonstrates a positive, enthusiastic and involved attitude.				2	
Shows interest in AT profession through conversation and preparedness	5	4	3	2	1
PROFESSIONALISM:					
Dressed appropriately	5		3		1
Interacts with ATCs, Patients, and Coaches appropriately	5	4		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 to spent approximately hours over clinical experies					. I
Signature of Supervising ATC Date					

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fame:	
upervising ATC:	
etting (collegiate, high school, clinic, other):	
pplicants must complete a minimum of 50 hours of observation with a Certified Athletic Trainer.	
fultiple Athletic Trainers and setting can be utilized to complete the full 50 hours. Each supervising A	тc
ust complete a form. Documentation for observation hours must be submitted with all other	

supplementary application materials.

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Date	Time In	Time Out	Daily Total	What I observed	ATC Initials				
-									
TOTALL	TOTAL HOURS. SUBERVICORS SIGNATURE.								
OTAL HOURS: SUPERVISORS SIGNATURE:									