



APPLICANT: Fill out the following demographic information.

Applicant's Name: _____

Observation Site: _____

Supervising ATC Name and Credentials: _____

ATC Contact Information:

Telephone: _____ Email: _____

Total Observation Hours Completed: _____

Dates of Observation: _____ to _____

Supervising ATC:

Rate the applicant on the following qualities displayed during the observation time using the scale provided.

Scale: **5 (Excellent) 4 (Above Avg.) 3 (Avg.) 2 (Below Avg.) 1 (Deficient) N (Not observed)**

During the observational times, the student showed:

- 1. Initiative in seeking educational experiences _____
- 2. Interest and an understanding of the AT profession _____
- 3. Professionalism in dress, behavior, conduct with others _____
- 4. Dependable and responsible behaviors/work ethic _____
- 5. Ability to understand and integrate information _____
- 6. Appropriate communication skills _____

Comments: Use this space to explain any score or to describe any other abilities or potential as a future athletic training student.

Signature of Supervising ATC: _____

*This form can be given back to the student for the MS-AT application or sent to: Graduate Coordinator-Athletic Training, School of Health Care Professions, 2050 Fourth Ave, Stevens Point, WI 54481