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*