

## Observational Student Evaluation

Student's Name: \_\_\_\_\_ Supervising ATC Name: \_\_\_\_\_

Contact Phone and email (of ATC): \_\_\_\_\_

Site of observational hours: \_\_\_\_\_ Number of hours observed: \_\_\_\_\_

### Key

**5 = All of the time    4 = Most of the Time    3 = Some of the Time**  
**2 = Hardly Ever    1 = None of the Time    0 = Did not observe**

**Evaluate each item listed below by circling the number that best represents your experience with the observational student.**

### Personal and Professional Attributes

Enthusiasm and desire to learn	0	1	2	3	4	5
Dresses professionally and appropriately	0	1	2	3	4	5
Punctuality and Dependability	0	1	2	3	4	5
Accepts Responsibility	0	1	2	3	4	5
Interaction with ATC	0	1	2	3	4	5
Accepts Constructive Criticism	0	1	2	3	4	5

**Student Strengths:**

**Student Weaknesses:**

**At this time do you recommend this athletic training student for admission into the athletic training option?**

\_\_\_\_\_ **Yes**                  \_\_\_\_\_ **No**

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**Athletic Trainer Signature**

**Date**

\*\*ATC please fill out and either email ([thubbar1@charlotte.edu](mailto:thubbar1@charlotte.edu)) or mail (Dr. Tricia Turner, UNC Charlotte, Department of Applied Physiology, Health and Clinical Sciences, 9201 University City Blvd, Charlotte, NC 28223) completed form.