

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.

5 superior 4 good 3 average 2 fair 1 unacceptable

ATTENDANCE					
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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:					
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Carried out assigned task in detail and efficiently	5	4	3	2	1
Takes safety precautions without need of constant instruction	5	4	3	2	1
Individual was dependable when carrying out tasks	5	4	3	2	1

INITIATIVE:					
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Individual was ambitious, sought out and performed task without being told	5	4	3	2	1
Individual sought out unknown information	5	4	3	2	1
Individual t made intelligent observations and ask questions in a timely manner	5	4	3	2	1
Individual was cooperative and demonstrated self-confident	5	4	3	2	1

INTEREST:					
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Shows interest in athlete-patient	5	4	3	2	1
Demonstrates a positive, enthusiastic and involved attitude.	5	4	3	2	1
Shows interest in AT profession through conversation and preparedness	5	4	3	2	1

PROFESSIONALISM:					
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Dressed appropriately	5	4	3	2	1
Interacts with ATCs, Patients, and Coaches appropriately	5	4	3	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 this individual. I spent approximately _____ hours over _____ clinical experience visits.

Signature of Supervising ATC

Date

