

University of Utah  
Athletic Training Education Program  
Clinical Observation Rating Sheet

\*\*\*Please Mail form to: ATEP, C/O Josh Larson, 250 South 1850 East, HPR N 247 Salt Lake City, UT 84112  
or give to student in a **sealed envelope, signed across the back flap.**

Observer Name: \_\_\_\_\_

Name of Supervising Clinician (ATC): \_\_\_\_\_

Name & Setting of observation location (e.g.- High School, University, Professional, Clinic,...) and patient population (e.g.- individual athlete, clinic patient, teams {what type of sports}).

Total observation time at this location:

ATC/clinician please rate the observer on a 1-5 scale. 1 is low or unsatisfactory and 5 is high or exceptional. Please rank the observer based on the categories below and please complete fully and accurately. **An incomplete ranking affects the student's application to the program.**

Interest in AT: 1 2 3 4 5

Interaction with others (athletes, staff, etc.): 1 2 3 4 5

Work Ethic: 1 2 3 4 5

Adaptability: 1 2 3 4 5

Professionalism: 1 2 3 4 5

Overall: 1 2 3 4 5

Comments:

Signature of Rater: \_\_\_\_\_

Date: \_\_\_\_\_