

Athletic Training Education Program Clinical Observation Hours Log

Name: _____ Date: _____

Location where observation was done: _____

Name of Supervising Clinician: _____

Observation time:

Week Date _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Time In								
Time out								
Total Time								

Week Date _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Time In								
Time out								
Total Time								

Week Date _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Time In								
Time out								
Total Time								

Week Date _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Time In								
Time out								
Total Time								

Student Signature: _____

Clinician Signature: _____