

**Eastern Michigan University
Athletic Training Program
Observation/Volunteer Form**

Name of Applicant:						
Name of Supervising Athletic Trainer:						
BOC # of Supervising Athletic Trainer:						
State License Number of Supervising Athletic Trainer:						
Place of Employment:						
Email:						
Phone number:						
Dates of volunteering:						
Number of hours volunteering:						
Please use the following scale to evaluate the student's Professionalism.						
5-Consistently displays behavior, skill or knowledge above expectations for his/her level						
4 - Displays behavior, skill or knowledge as defined for his/her level (requires little discussion for improvement)						
3 - Intermittently displays behavior, skill or knowledge as defined for his/her level (demonstrates willingness to improve)						
2 - Performance is below defined level, but student is making progress to improve (requires multiple reminders)						
1 - Does not meet expectations for level, minimally complies with suggestions, few if any attempts at remediation						
0 - Did Not Observe						
	5	4	3	2	1	0
Student comes to clinic prepared and enthusiastic						

Student is an active learner (Ask questions, interested in skill development, etc..)						
Student communicates to you and other staff members with respect						
Student treats staff and peers with respect						
Student interacts with student athletes/patients respectively and within the guidelines of the facility						
Student comes to clinic and events on time (if applicable)						
Student communicates to you at least one day prior to their inability to come to clinic for medical or personnel reasons and provides an acceptable document to clarify						
Student follows the facility's HIPAA guidelines and protects the privacy of the patients						
Students appearance is appropriate for the clinical settings (indoor, outdoor, dress, hygiene, etc.)						
Student presents with common sense and makes sound decisions in and out of AT facility						
Student is able to accept constructive criticism and respects your guidance						
Student participates in opening and/or closing procedures of the AT facility						
	Yes	No				
In your opinion, do you feel this student is prepared for the academic and time commitment challenges of a masters program in Athletic Training? If no please explain below.						
Explanation:						
	0 - 100					
On a scale from 0-100 rate how this student is prepared for the academic and time commitment challenges of an Athletic Training program?						
Please include any other information you feel would help us to determine the success of this student in an Athletic Training Program:						