## Eastern Michigan University Athletic Training Program

Name of Applicant:						
Name of Supervising AthleticTrainer:						
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:				