

**ATS EVALUATION**  
**Non-traditional AT OBSERVATION**

**ATS:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ACI/CI:** \_\_\_\_\_

**Clinical rotation:** \_\_\_\_\_

**Dates and times of Observation:** \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

The student named above has just completed the minimum five (5) hour requirement for the non-traditional athletic training observation including gymnastics or ballet. Please provide us with a brief evaluation of this student's performance related to the criteria listed below. Additional comments related to the student's performance are welcome. Thank You!

I. Overall, what is your impression of this student?

- \_\_\_\_\_ student demonstrated a high level of interest and involvement; asked lots of question
- \_\_\_\_\_ student was interested and generally attentive; asked a few questions
- \_\_\_\_\_ student was present and somewhat attentive, but demonstrated little interest and involvement
- \_\_\_\_\_ student demonstrated little interest; asked no questions

II. Please rate the student on the following criteria:

KEY: 4= Excellent      3= Good      2= Marginal      1= Unacceptable

					COMMENTS
Clinical interest/inquisitive	1	2	3	4	
Appearance	1	2	3	4	
Promptness	1	2	3	4	
Demonstrates active listening	1	2	3	4	
Shows respect for others	1	2	3	4	
Knowledgeable about content	1	2	3	4	
Understands confidentiality	1	2	3	4	

ACI/CI Signature: \_\_\_\_\_ Date: \_\_\_\_\_