

**University of Minnesota Duluth  
Athletic Training Education Program  
Clinical Observation Evaluation of Freshman Candidates**

Candidate's Name \_\_\_\_\_

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

Please rate the candidate, according to his or her observation in the athletic training room using the scale below

Rating System:        5 = Excellent  
                              4 = Good  
                              3 = Average  
                              2 = Fair  
                              1 = Poor  
                              N/A = Not able to assess

- 1. Initiative/Work Ethic \_\_\_\_\_
- 2. Communication Skills \_\_\_\_\_
- 3. Rapport/Cooperation \_\_\_\_\_
- 4. ATR Attitude, Punctuality, Professionalism \_\_\_\_\_
- 5. Potential to excel as an athletic training student \_\_\_\_\_

Additional Comments: (Please provide your thoughts on the likelihood of this candidate succeeding in an allied healthcare profession)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Points: \_\_\_\_\_

Clinical Supervisor (ATC): \_\_\_\_\_ BOC #: \_\_\_\_\_

**By signing this form you attest to the fact that the applicant has completed 50 hours of observation under your supervision.**

**\*Please submit completed form to: Dr. William Gear, Ph.D., ATC  
UMD  
1216 Ordean Ct, 105 SpHC  
Duluth, MN 55812**