

**University of Utah
Athletic Training Education Program
Clinical Observation Hours Log**

Name: _____ Date: _____

Location where observation was done: _____

Name of Supervising Clinician: _____

Setting of observation location (e.g.- High School, University, Professional, Clinic,...)
and patient population (e.g.- individual athlete, clinic patient, teams(what type of sports)).

Observation time:

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

Insights and reflections of observation:

Student Signature: _____

Clinician Signature: _____