

**University of Utah  
Athletic Training Education Program  
Clinical Observation Rating Sheet**

Observer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Supervising Clinician: \_\_\_\_\_

Name & 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}).

Total observation time at this location:

ATC/clinician please rate the observer on a 1-5 scale in the following categories;

Interest in AT: 1 2 3 4 5

Interaction with others (athletes, staff, etc.): 1 2 3 4 5

Work Ethic: 1 2 3 4 5

Adaptability: 1 2 3 4 5

Professionalism: 1 2 3 4 5

Overall: 1 2 3 4 5

Comments: