



UNIVERSITY of WISCONSIN
GREEN BAY

Master of Athletic Training

MAT Student Applicant

Observation Evaluation and Verification of Hours

Applicants Name

Please rate the applicant, according to his or her time observing in your athletic training clinic.

	Excellent	Above Average	Average	Below Average	Poor
Initiative					
Dependability					
Communication skills					
Rapport/Cooperation					
Attitude, punctuality, professionalism					
Potential to excel in the MAT					
Potential to excel as an AT					

Please provide your overall recommendation of this prospective athletic training student's ability to complete the MAT at UWGB.

- Recommend Highly
- Recommend
- Recommend with Reservations
- Do Not Recommend

Additional Comments:

I attest that the applicant named above has completed _____ hours of observation under my supervision.

Observation supervisor electronic signature:

Observation supervisor BOC number

State

License #