



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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rapport/Cooperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attitude, punctuality, professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential to excel in the MAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential to excel as an AT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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: Date:

Observation supervisor BOC number State License #

***Please submit completed form to the Office of Graduate Studies, gradstu@uwgb.edu or Office of Graduate Studies, 2420 Nicolet Drive, Green Bay, WI 54311-7001.**