

**THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA
GRADUATE ATHLETIC TRAINING PROGRAM**

Observation Evaluation Form

Please complete the following questions. Your evaluation of the student will be utilized in the determination their grade. Please feel free to call me at 423-425-4209 with any questions.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

- | | | |
|----|--|-----------|
| 1. | Was the graduate student dressed professionally? | 1 2 3 4 5 |
| 2. | Did the graduate student ask appropriate questions? | 1 2 3 4 5 |
| 3. | Did the graduate student seem to possess the knowledge base demonstrative of their professional level? | 1 2 3 4 5 |
| 4. | Did the graduate student arrive on time? | 1 2 3 4 5 |
| 5. | In your opinion, was this a valuable experience for the graduate student? | 1 2 3 4 5 |

Comments:

Total Hours of Observation: _____ hours

Full Name of Medical Professional _____ Date _____

Signature of Medical Professional _____ Date _____

Student Name _____