

**University of Connecticut Athletic Training Education Program**

**Perspective Athletic Training Student Admission Assessment**

**Clinical Performance Rubric (**AT Recommendation**-Due before/on Interview Day)**

**Name of Perspective Student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much contact time/interaction did you have with the observation student over the course of the semester (a lot, a little, etc.)?

Where did the majority of the interaction occur (fieldhouse, football, etc.)?

Please rate the student on the following items by circling the most appropriate number:

**1=Needs Improvement; 2=Acceptable; 3=Good; 4=very Good; 5=Excellent**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Rating** | **Comments** |
| **Professionalism**(dress, relationships) | 1 2 3 4 5 |  |
| **Dependability & Responsibility**(Punctual, carries out tasks) | 1 2 3 4 5 |  |
| **Work Ethic** (hard-work, diligent) | 1 2 3 4 5 |  |
| **Communication & Interaction**(Peers, ATCs, etc) | 1 2 3 4 5 |  |
| **Initiative & Willingness** (attempts tasks, proactive) | 1 2 3 4 5 |  |
| **Attitude**  (positive, upbeat, enthusiasm) | 1 2 3 4 5 |  |
| **Total Points** | **Maximum of 30 points** | **/30** |

Would you recommend this student for acceptance into the UCONN ATP? Please provide additional information if necessary.

Strongly Recommend \_\_\_\_ =30 points

Recommend \_\_\_\_ =20 points

Recommend with reservations \_\_\_\_ =10 points

Do not recommend \_\_\_\_ =10 points

**Total Points** **/60**

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Certified Athletic Trainer Name Signature Date