

**Illinois State University  
Athletic Training Education Program  
Observer Evaluation Form**

*This form should only be used to evaluate observation students enrolled in KNR 188*

Observer Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Observation Rotation Assignment: \_\_\_\_\_

Date: \_\_\_\_\_ Rotation Session: 1 2 3 4

*Please rate the observation student based on the following criteria:*

	Weak.....Strong									
	1	2	3	4	5	6	7	8	9	10
1. Displays sincere interest in athletic training										
2. Punctuality and dependability										
3. Communication skills										
4. Professional attire and behavior										
5. Attitude during observation hours										
Total Score:										___/50

Comments:

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Preceptor Signature: \_\_\_\_\_

Date: \_\_\_\_\_