

Athletic Training Residency Accountability Report

Date Completed: _____

 Name of Graduate Student

 Name of Residency Coordinator/Mentor

Residency Goal #1: _____

Residency Goal #2: _____

The Athletic Training Residency Accountability Report is to be completed by the Residency Coordinator/Mentor. The purpose of this form is to assess the Graduate Student in the achievement of his/her residency objectives and the completion of his/her capstone project. Your feedback as a Residency Coordinator/Mentor is important to ensure that the Graduate Student has been actively engaged in the learning process. Thank you in advance for your feedback.

Please rate the Graduate Student's achievement of his/her residency objectives using the following rating scale:

- | | | |
|-----|----------------|---|
| 5 | SUPERIOR | Performance is exceptional and superior to expectations |
| 4 | VERY GOOD | Performance is consistent and exceeds most requirements |
| 3 | ACCEPTABLE | Performance is competent and meets expectations |
| 2 | POOR | Performance is deficient and needs improvement |
| 1 | UNACCEPTABLE | Performance requires immediate improvement |
| N/A | NOT APPLICABLE | |

The Graduate Student...

Demonstrated a professional attitude	N/A	1	2	3	4	5
Demonstrated self initiative	N/A	1	2	3	4	5
Demonstrated positive communication skills	N/A	1	2	3	4	5
Demonstrated critical thinking skills	N/A	1	2	3	4	5
Demonstrated active listening skills	N/A	1	2	3	4	5
Actively engaged in the learning process	N/A	1	2	3	4	5
Scheduled monthly meetings to review progress	N/A	1	2	3	4	5
Attends monthly meetings to review progress	N/A	1	2	3	4	5
Submitted materials as requested	N/A	1	2	3	4	5

