

Athletic Training Residency Accountability Update Form

Date Completed: _____

 Name of Graduate Student

 Name of Residency Coordinator/Mentor

Residency Goal #1: _____

Residency Goal #2: _____

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

Please rate the Graduate Student's progress in achieving 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...

Demonstrates a professional attitude	N/A	1	2	3	4	5
Demonstrates self initiative	N/A	1	2	3	4	5
Demonstrates positive communication skills	N/A	1	2	3	4	5
Demonstrates critical thinking skills	N/A	1	2	3	4	5
Demonstrates active listening skills	N/A	1	2	3	4	5
Actively engages in the learning process	N/A	1	2	3	4	5
Schedules meetings as appropriate to progress in completing residency objectives	N/A	1	2	3	4	5
Attends meetings to progress in completing residency objectives	N/A	1	2	3	4	5

