Athletic Training I

Practical Learning Experience

Name:_____ Date:_____

Coverage/Business Name:_____

To Be Completed by Health Care Professional:

Start Time:_____

End Time:_____

Total Time:_____

Signature/Contact Information:_____

Completed by student:

Write (or type) a brief explanation of your athletic training experience (what you witnessed, duties performed, what you learned, was it a positive experience, and any additional observations and/or thoughts).

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Hours Completed to Date ____/10