

ATHLETIC TRAINING STUDENT CLINICAL HOURS RECORD

Directions: Please record all clinical experience hours accurately. Have your assigned clinical instructor (CI) sign off on your hours each month and have your CI make comments as needed. Work Study hours CANNOT count for clinical education/experience hours.

ATS Name: _____ Semester & Year _____
 CI Name: _____ Sport(s): _____
 Practicum/Clinical Name: _____ Semester Total: _____

Month: _____

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Total</u>
Wk 1 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 2 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 3 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 4 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 5 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							

Clinical Instructor Signature: _____ Monthly Total _____

Comments (Progress, compliance, etc.):

Month: _____

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Total</u>
Wk 1 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 2 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 3 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 4 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 5 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							

Clinical Instructor Signature: _____ Monthly Total _____

Comments (Progress, compliance, etc.):

Practicum Supervisor Signature (Indicating Approval) _____ Date: _____

Program Director Signature (Indicating Approval) _____ Date: _____

Month: _____

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Total</u>	
Wk 1 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 2 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 3 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 4 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 5 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Clinical Instructor Signature:	_____						Monthly Total	_____	

Comments (Progress, compliance, etc.):

Month: _____

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Total</u>	
Wk 1 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 2 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 3 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 4 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 5 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Clinical Instructor Signature:	_____						Monthly Total	_____	

Comments (Progress, compliance, etc.):

Practicum Supervisor Signature (Indicating Approval) _____ Date: _____

Program Director Signature (Indicating Approval) _____ Date: _____

