## 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:					ır			
CI Name: Practicum/Clinica				Sport(s):			emester Total:	
Month:								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
	Sunday	Monuay	1 ucsuay	vi cunesua y	inuisuay	riuay	Batuluay	1 Utal
Wk 1 Hours				·				
Experience(s) (D	escribe Briefly): _							
Wk 2 Hours					- <del></del>	- <u></u> -		
Experience(s) (D	escribe Briefly): _							
Wk 3 Hours								
Experience(s) (D	escribe Briefly): _							
Wk 4 Hours								
Experience(s) (D	escribe Briefly): _							
Wk 5 Hours	<del></del>				<del></del>			
Experience(s) (D	escribe Briefly): _							
Clinical Instructor	r Signature:						Monthly To	tal
Comments (Progr								
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Month:								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	<u>Total</u>
Wk 1 Hours								
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Wk 3 Hours								
	escribe Briefly)							
Wk 4 Hours								
	escribe Briefly): _							
Wk 5 Hours								
Experience(s) (D	escribe Briefly): _							
Clinical Instructor	r Signature:					_	Monthly To	tal
Comments (Progr	ess, compliance, et	tc.):						
Practicum Superv	isor Signature (Inc	dicating Appro	val)			Date:		-
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Month:							
Suno	lay Monda	y Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Wk 1 Hours							
Experience(s) (Describe l	Briefly):						
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Experience(s) (Describe l	Briefly):						
Wk 3 Hours							
Experience(s) (Describe l	Briefly):						
Wk 4 Hours							
Experience(s) (Describe l	Briefly):						
Vk 5 Hours							
Experience(s) (Describe l	Briefly):						
Clinical Instructor Signatu	re:					Monthly To	tal
Comments (Progress, com					_	Wonting 10	
Month:							
Suno	day Monda	y Tuesday	Wednesday	Thursday	Friday	Saturday	Total
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Vk 2 Hours						<del></del>	
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Vk 3 Hours			<del></del>				
Experience(s) (Describe l	Briefly):						
Vk 4 Hours							
Experience(s) (Describe l	Briefly):						
Vk 5 Hours							
Experience(s) (Describe l	Briefly):						
Clinical Instructor Signatu	re:				_	Monthly To	tal
Comments (Progress, com	pliance, etc.):						
					<b>.</b>		
Practicum Supervisor Sign Program Director Signatu		_			Date: Date:		-
LIOPIANI DIFECUT SIGNAM	e chacamy Annro	vall			Date:		