

Observation Log for Athletic Training Education

Name: _____ Month: _____ Year: _____

	On Field Observation	Athletic Training Room Observation	Total Time	ATC Initials	Athletic Trainer, School, ATC Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals					