Applying to the Bachelor of Science in Athletic Training (BSAT)/
Athletic Training Program (ATP)

Instructions: Submit the following materials to 718AD Bellmont Hall by 4:00pm on May 1st:

☐ A completed ATP Degree sheet by entering the year and semester that you enrolled in any of the courses listed as well as your grade in the course.
☐ A completed “Application for Admission to the Athletic Training Major” (p 5) by providing the requested information.
☐ Signed Technical Standards forms
  • Sign and submit the student copy (p 6-7)
    o on the second page, only sign the section that pertains to you – do NOT sign both sections
  • submit the provider signed copy (p 8-9)
    o must be signed by the healthcare provider that performs your physical / health assessment
☐ A Health Assessment Questionnaire form (p 10) and a Health Assessment form (p 11)
  • You must submit the forms provided in this packet – substitutions are not accepted
  • Complete the Health Questionnaire prior to your physical examination and have the person conducting the examination review the questionnaire
  • The physical / health assessment may only be completed by a physician (MD or DO), physician’s assistant (PA) or nurse practitioner (NP).
  • The provider must verify your immunization records – bring a copy of your immunization records with you
☐ Your Immunization Records
  • Obtain documentation of your immunizations and bring the documentation to the healthcare provider that conducts your health assessment. He/she will need to verify your immunizations.
  • You must submit documentation that confirms that you have received the following:
    o Measles, Mumps, and Rubella (MMR) - 2 shot series
    o Hepatitis B (2 or 3 shot series) unless you indicated that you choose to decline the vaccine series on the Hepatitis B Vaccine Statement (p 12)
    o Tetanus, Diptheria, Pertusis (Tdap) – a tetanus shot must have been received within the last 10 years, if not, you need to get one and have it documented on your immunization records.
    o Varicella (chicken pox) – or documented illness
    o Meningococcal
☐ A signed Hepatitis B Vaccine Statement (p 12)
  • Only sign the ONE option that you choose
☐ Three letters of recommendation
  • use the Applicant Recommendation Form (p 13-14)
  • **you will need to make copies of the form**
☐ A well-written personal statement outlining your reasons for pursuing a major in athletic training at The University of Texas
  • limit the statement to a maximum of two typed pages
☐ A copy of your official or unofficial college transcripts that includes your cumulative GPA up to the current semester
☐ A signed “Acknowledgement of Policies and Procedures” form from the ATP Student Handbook
  • Download the ATP Student Handbook from the ATP website and read it before signing the Acknowledgement Form
☐ Proof of current CPR and AED training
  • Submit a photocopy of the card(s)
☐ The Directed Observation hour log
☐ The Directed Observation clinical proficiency completion log
Standard Admissions Process:

Admission to the Athletic Training Major / ATP is based on the following minimum requirements:

1. Acceptance to The University of Texas at Austin, the College of Education, and the Department of Kinesiology and Health Education

2. Completion of:
   - KIN 219K – Introduction to Athletic Training
   - KIN 312 – Care and Prevention of Athletic Injuries
   - KIN 424K – Applied Human Anatomy
   - CC 306M – Introduction to Medical and Scientific Terminology
   - Note: Students must have a minimum GPA of 2.5 for these four courses
   - Note: Students must earn at least a “C-“ grade in these four courses
   - Note: The courses marked with an 1 MUST be taken at UT Austin

3. Completion of a minimum of 12 credit hours with a cumulative UT GPA of 2.5

4. Submission of completed paperwork for formal application as listed on page 1

5. Completion of a minimum of 50 hours of directed observation with the UT Directed Observation Program

6. An average score of at least 75% on the student’s Directed Observation Student Evaluation scores.

7. Completion of the required Directed Observation Student clinical skills proficiencies.

8. Clearance by a physician or designee for full participation in the ATP by means of “passing” a health assessment / physical.
   - a. In order to “pass” the physical, the provider must
     - i. Answer “yes” to the questions regarding your ability to meet the technical standards and you must be approved for participation without limitations.
     - ii. Verify your immunizations as listed above.

9. Ability to meet the technical standards with or without accommodations.

NOTE: Transfer students who have not completed a pre-athletic training / directed observation program or were not enrolled in an ATP at another institution, must also follow the “standard admissions process” described above.

NOTE: Students transferring from another Athletic Training Program, please see the section describing the “ATP transfer student admissions policy” (p3-4).

NOTE: The above admissions criteria are MINIMUMS. A limited number of students are admitted to the major / ATP. Meeting the minimum requirements does NOT guarantee admission to the Athletic Training major / ATP.
ATP Transfer Student Admissions Policy:

Transfer students that are applying to the ATP, who have completed a pre-athletic training / directed observation program or have been enrolled in another ATP, may apply and subsequently be accepted to the UT ATP under the “transfer student admissions policy” described below. Acceptance to the ATP under the transfer student admissions policy is based on the following minimum requirements:

1. Acceptance to The University of Texas at Austin, the College of Education, and the Department of Kinesiology and Health Education.
2. Completion of 12 credit hours with a minimum cumulative GPA of 2.5
3. Submission of completed paperwork for formal application as listed on page one under “instructions”.
4. Proof of at least 50 clinical hours of previous observation or experience as an athletic training student in the college/university setting.
   a) “Proof” consists of a letter from the student’s supervising AT stating that the student has at least 50 hours in a pre-athletic training / directed observation program or ATP.
   b) Hours must be under the supervision of an AT Preceptor
   c) “College/university settings” include community, junior, and senior colleges/universities only.
5. Satisfactory evaluation(s) of the student’s performance during the clinical/directed observation hours by the supervising Preceptor of the previous institution(s)
   a) If documented evaluations are not available, the student should contact the UT Program Director for an evaluation form that can be used
6. Clearance by a physician or designee for full participation in the ATP by means of “passing” a health assessment / physical.
   a) In order to “pass” the physical, the provider must
      i. Answer “yes” to the questions regarding your ability to meet the technical standards and you must be approved for participation without limitations.
      ii. Verify your immunizations as listed above
7. Ability to meet the technical standards with or without accommodations.

Those students that meet the above criteria and are accepted into the ATP under the transfer student admissions process will be placed on probation until the following requirements are met:

Completion of:
- KIN 219K – Introduction to Athletic Training
- KIN 312 – Care and Prevention of Athletic Injuries
- KIN 424K – Applied Human Anatomy or an approved substitution via transfer credit
- CC 306M – Introduction to Medical and Scientific Terminology or an approved substitution via transfer credit

→ Note: Students must have a minimum GPA of 2.5 for these four courses.
→ Note: Students must earn at least a “C-” grade in these four courses

1Note: The courses marked with a 1 MUST be taken at UT-Austin

The clinical skills proficiencies that would have been completed had the student participated in the UT Directed Observation Program. The
proficiencies are to be completed under the supervision of a Preceptor from the UT ATP

The probationary period will last no longer than one semester, unless a prerequisite course is not offered during that semester, in which case the probation period will last two semesters. Students failing to complete the prerequisite courses with the minimum grade stipulation in the given time frame or failing to complete the Directed Observation clinical skills proficiencies in the allotted time will be dis-enrolled from the ATP.

*NOTE*: Transfer students who have not completed a pre-athletic training / directed observation program or were not enrolled in an ATP at another institution, must follow the “standard admissions process” (p 2).

*NOTE*: The above admissions criteria are MINIMUMS. A limited number of students are admitted to the major /ATP. Meeting the minimum requirements does NOT guarantee admission to the Athletic Training major / ATP
The University of Texas at Austin
Department of Kinesiology & Health Education

Application for Admission to the Athletic Training Major

Formal name (nickname): ____________________________________________

UT EID: ___________________ E-mail address: _________________________

Local Address: _____________________________________________________

City: ___________________________ State: ___ Zip: ______________

Cell phone: _____________________ Permanent phone: ___________________

Permanent Address: _______________________________________________

City: ___________________________ State: ___ Zip: ______________

Year in school: FR SO JR SR Total UT credit hours____________________

Current major: __________________________________________ Cumulative GPA: __________

Number of observation/clinical hours under a preceptor’s supervision: __________________

The following information is for reporting purposes only and will not be used in the selection process:

Race/Ethnicity:
___ Hispanic/Latino of any race
___ American Indian or Alaskan Native, not Hispanic/Latino
___ Asian, not Hispanic/Latino
___ Black or African American, not Hispanic/Latino
___ Native Hawaiian or Other Pacific Islander, not Hispanic/Latino
___ White, not Hispanic/Latino
___ Combination of 2 or more of the above (indicate which combination)

Marital Status:
___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Veteran of the Armed Forces? ___Yes ___NO
The University of Texas at Austin
Athletic Training Program
Technical Standards for Admission

The Athletic Training Program (ATP) in the Department of Kinesiology and Health Education at The University of Texas at Austin is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program. Compliance with the program’s technical standards does not guarantee admission to the ATP nor guarantee a student’s eligibility for the BOC certification examination or other credentialing examinations.

Candidates for selection to the Athletic Training Program must demonstrate:

1. The mental and intellectual capacity to obtain complex information and concepts from a variety of sources and (a) assimilate, (b) analyze, (c) synthesize and (d) integrate that information and problem solve in order to distinguish deviations from the norm and to formulate assessment and therapeutic judgments.

2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations, therapeutic treatments, and therapeutic exercise and rehabilitation protocols using accepted techniques. This includes, but is not limited to, the ability to (a) accurately, safely and efficiently use equipment and materials during the assessment, treatment, and rehabilitation of patients; (b) gather decision-making pieces of information during an injury assessment activity in class or in the clinical setting; (c) perform assessment, treatment and rehabilitation activities in class and in the clinical setting by direct performance; (d) sit, stand, and kneel for extended periods of time while rendering assistance to patients; (e) frequently move from place to place and position to position at a speed that permits safe handling of classmates and patients; (f) stand and walk while providing support to an injured patient; (g) use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat injured patients; (h) follow safety procedures established for each class and clinical setting.

3. The ability to read, write, speak and understand the English language at a level consistent with competent professional practice, including but not limited to, the ability to (a) establish rapport and communicate effectively and sensitively with patients, parents, coaches, administrators, officials, medical and allied medical personnel and colleagues, including individuals from different cultural and social backgrounds; (b) record and discuss the physical examination results and treatment and rehabilitation plans clearly and accurately.

4. The capacity to maintain composure and continue to function well and the ability to make and execute quick, appropriate and accurate decisions in a stressful environment including, but not limited to, emergency situations.

5. The ability to adjust to changing situations and uncertainty in clinical situations.

6. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.
7. The ability to maintain personal appearance and hygiene conducive to the classroom and clinical setting.
8. The perseverance, diligence and commitment to complete the Athletic Training Program as outlined and sequenced.
9. The responsibility and accountability to attend clinical education experiences as assigned by the Program Director, Clinical Education Coordinator, or Preceptor including, but not limited to, practices, events, and other sessions at on and off campus clinical sites.
10. The ability to meet the standards and requirements for course completion throughout the curriculum including, but not limited to (a) completing readings, assignments and other activities during and outside of scheduled class hours (b) the ability to read, write, speak and understand the English language at a level consistent with successful course completion.

Candidates for selection to the Athletic Training Program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

The Office of the Dean of Students will evaluate a student who states he/she could meet the program’s technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

**SIGN ONLY ONE SECTION BELOW:**

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

___________________________  _____________________________  ____________
Printed Name                     Signature of Applicant           Date

**Alternative statement for students requesting accommodations.**

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Office of the Dean of Students to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

___________________________  _____________________________  ____________
Printed Name                     Signature of Applicant           Date
The University of Texas at Austin
Athletic Training Program
Technical Standards for Admission

Healthcare Provider:

_________________________________________(student’s name) is applying for admission to The University of Texas at Austin's Athletic Training Program. One of the requirements for admission is the completion of a health assessment/physical examination. This examination aids our staff in determining if the student's physical and mental health will permit him/her to meet the established written technical standards of the program. The technical standards guidelines are included below and on the reverse side of this sheet. Please keep these standards in mind when performing your assessment. If you have any concerns, based on your interaction with or assessment of this student, which would cause you to question whether or not this student meets the technical standards, please make a note on the physical examination form under the "recommen-dations" section. If you do not believe the student meets the criteria, please mark "yes" when asked on the physical examination form if you have reason to believe the student can NOT meet the criteria. If you believe this student has the mental and physical ability to meet the technical standards, please indicate so by marking "no" when asked on the physical examination form if you have reason to believe the student can NOT meet the criteria, and by writing “cleared” in the space provided under the “recommendations” section on the physical examination form. Please sign your name in the space provided on the reverse of this sheet to confirm that you have reviewed this form.

TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Program at The University of Texas at Austin is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program’s accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Candidates for selection to the Athletic Training Program must demonstrate:

1. The mental and intellectual capacity to obtain complex information and concepts from a variety of sources, to analyze and integrate that information and problem solve in order to distinguish deviations from the norm and to formulate assessment and therapeutic judgments.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations, therapeutic treatments, and therapeutic exercise and rehabilitation protocols using accepted techniques. This includes, but is not limited to, the ability to (a) accurately, safely and efficiently use equipment and materials during the assessment, treatment, and rehabilitation of patients; (b) gather decision-making pieces of information during an injury assessment activity in class or in the clinical setting; (c) perform assessment, treatment and rehabilitation activities in class and in the clinical setting by direct performance; (d) sit, stand, and kneel for extended periods of time while rendering assistance to patients; (e) frequently move from place to place and position to position at a speed that permits safe handling of classmates and patients; (f) stand and walk while providing support to an injured patient; (g) use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat injured patients; (h) follow safety procedures established for each class and clinical setting.

3. The ability to read, write, speak and understand the English language at a level consistent with competent professional practice, including but not limited to, the ability to (a) establish rapport and communicate effectively and sensitively with patients, parents, coaches, administrators, officials, medical and allied medical personnel and colleagues, including individuals from different cultural and social backgrounds; (b) record and discuss the physical examination results and treatment and rehabilitation plans clearly and accurately.

4. The capacity to maintain composure and continue to function well and the ability to make and execute quick, appropriate and accurate decisions in a stressful environment including, but not limited to, emergency situations.

5. The ability to adjust to changing situations and uncertainty in clinical situations.

6. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

7. The ability to maintain personal appearance and hygiene conducive to the classroom and clinical setting.

8. The perseverance, diligence and commitment to complete the Athletic Training Program as outlined and sequenced.

9. The responsibility and accountability to attend clinical experiences as assigned by the Program Director, Clinical Education Coordinator, or Preceptor including, but not limited to, practices, events, and other sessions at on and off campus clinical sites.

10. The ability to meet the standards and requirements for course completion throughout the curriculum including, but not limited to (a) completing readings, assignments and other activities during and outside of scheduled class hours (b) the ability to read, write, speak and understand the English language at a level consistent with successful course completion.

I have reviewed this form:

Provider’s signature_____________________________________ Date_____________
The University of Texas at Austin  
Athletic Training Program  
Health Assessment Questionnaire

**Instructions for students:** complete this form and present it, along with the “Health Assessment Form”, the “Technical Standards for Admission” form requiring a healthcare provider’s signature, and a copy of your immunization records to the healthcare provider that is conducting your health assessment.

Name: ____________________________ Date: ____________________________

Date of Birth: ____________________________ UT EID ____________________________

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<th>No</th>
<th>Yes</th>
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<tr>
<td>1.</td>
<td>Are you currently under the care of a physician for any reason?</td>
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<td>2.</td>
<td>Do you take any prescription medications?</td>
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<td>3.</td>
<td>Do you take any over the counter medications or herbs/supplements?</td>
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<td>4.</td>
<td>Do you have a communicable (contagious) illness or disease?</td>
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<td>5.</td>
<td>Have you ever been told that you have HIV, Hepatitis B, or Hepatitis C?</td>
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<td>6.</td>
<td>Have you ever had a positive skin test for tuberculosis, or been told that you have tuberculosis?</td>
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<td>7.</td>
<td>To your knowledge, have you been exposed to anyone with tuberculosis?</td>
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<td>8.</td>
<td>Have you been out of the US in the past 3 years?</td>
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<td>9.</td>
<td>Do you have a history of heat cramps, heat exhaustion, or heat stroke?</td>
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<td>10.</td>
<td>Have you ever been told by a physician or medical provider that you should NOT participate in strenuous activity for any reason?</td>
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<td>11.</td>
<td>Do you have any medical, physical or psychological condition that would interfere with your ability to fulfill the responsibilities of an athletic training student?</td>
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Please explain all “yes” answers below:

Signature: ____________________________ Date: ____________________________
The University of Texas at Austin
Athletic Training Program
Health Assessment Form

THIS FORM IS TO BE COMPLETED BY A MD, DO, PA or NP ONLY:

NAME_________________________________________EXAM DATE__________________________

DoB____________________Ht:_________ Wt_________BP_________/________PULSE:_______

IMMUNIZATION HISTORY: Please review the immunization records provided by patient and verify completion of:

☐ Hepatitis B (2 or 3 shot series)
☐ Measles, Mumps, Rubella (MMR) (2 shot series)
☐ Tetanus, Diptheria, Pertusis (Tdap) - tetanus must be less than 10 yrs ago
☐ Varicella or documented illness
☐ Meningoccal

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<th>ABNORMAL (PLEASE EXPLAIN)</th>
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<td>Appearance</td>
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<td>Lungs</td>
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<td>CV</td>
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<td>E.E.N.T</td>
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<tr>
<td>Skin</td>
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<tr>
<td>Musculoskeletal</td>
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</tbody>
</table>

YES NO
☐ ☐ Are immunizations current? Explain “no” below:

☐ ☐ Any evidence of communicable disease? Explain “yes” below:

☐ ☐ Based on your examination, should this patient’s physical and mental health permit him/her to meet the “technical standards” (attached form) of the ATP? Explain “no” below:

☐ ☐ Approval for participation without limitation? Explain “no” below:

Recommendations/ explanations:__________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Name of Provider ______________________ Phone:__________________

Signature of Provider ____________________ Date:__________________

2/20/2018
ATHLETIC TRAINING STUDENT
HEPATITIS B VACCINE STATEMENTS

Please choose only ONE of the following options:

HEPATITIS B VACCINE COMPLETED STATEMENT:

I, ________________________________, understand that due to my exposure to blood and other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. By signing below, I confirm that I have been vaccinated with hepatitis B vaccine and that I will submit documentation of such.

Signature: __________________________ Date: _________________________
Witness: __________________________ Date: _________________________

HEPATITIS B VACCINE REQUESTED STATEMENT:

I, ____________________________________, understand that due to my exposure to blood and other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. By signing below, I confirm that I choose to receive the hepatitis B vaccine series. I understand that it is my responsibility to follow up with a healthcare provider in order to receive the vaccine series. I also understand that I will be responsible for any and all costs associated with the vaccine series.

Signature: __________________________ Date: _________________________
Witness: __________________________ Date: _________________________

HEPATITIS B VACCINE DECLINATION STATEMENT:

I ____________________________________, understand that due to my exposure to blood or other infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. By signing below, I acknowledge that I have the option to be vaccinated with the hepatitis B vaccine; however, I choose not to be vaccinated. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I want to be vaccinated with hepatitis B vaccine I may choose to do so. In the event that I elect to do so, I will submit an updated version of this form. I understand that it will be my responsibility to follow up with a healthcare provider in order to receive the vaccine series. I also understand that I will be responsible for any and all costs associated with the vaccine series.

Signature: __________________________ Date: _________________________
Witness: __________________________ Date: _________________________
The University of Texas at Austin
Athletic Training Program
Applicant Recommendation Form

Applicant’s Name ______________________________________ UT EID _____________________

Name and Title of Reference ________________________________________________________

Statement of waiver / non-waiver
Under the Federal Educational Rights and Privacy Act of 1974 as amended (P.L. 93-380) students are entitled to review their records, including letters of recommendation. It is the student’s option to waive their rights to access their recommendations or to decline to do so. You are not required to make such a waiver as a condition of admission.

I hereby authorize __________________________________________ to complete this recommendation form.

Check one:     _____ I waive my right of access to this recommendation
                _____ I do not waive my right of access to this recommendation

Applicant’s Signature: ____________________________  Date:________________

To be completed by the person making the recommendation:

In what capacity do you know the applicant? ____________________________________________

How long have you known the applicant? _______________________________________________

How well do you know the applicant?     ____ very well      ____ fairly well      ____ not well

This student is applying to The University of Texas at Austin’s Athletic Training Program (ATP). The ATP is a rigorous and intense program that places many demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. During this student’s education, he/she will assist in the provision of health care to a diverse population including intercollegiate and high school student athletes, professional athletes, and members of the general public that participate in physical activity and sports. This student will also interact with medical and allied medical professionals (physicians, physical therapists, etc.), coaches, school administrators, and parents. Keeping this information in mind, please rank this student’s ability to meet the following expectations. Use the following grading scale:

n/a = not able to comment      0 = strongly disagree      1= disagree      2= agree      3=strongly agree

_____ This student has the mental and intellectual capacity to obtain complex information and concepts from a variety of sources, to analyze and integrate that information and problem solve in order to distinguish deviations from the norm and to formulate assessment and therapeutic judgments.

_____ This student has sufficient postural and neuromuscular control, sensory function, and coordination to perform physical examinations, therapeutic treatments, and therapeutic exercise and rehabilitation protocols.
This student demonstrates flexibility and the ability to adjust to changing situations and uncertainty.

This student has the ability to read, write, speak and understand the English language at a sufficient level in order to communicate effectively and sensitively with patients, colleagues, parents, coaches, medical personnel, and administrators, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively.

This student has the ability to maintain composure and continue to function well, and the ability to make and execute quick, appropriate and accurate decisions in a stressful environment including emergency situations.

This student has the perseverance, diligence and commitment to complete an intense and demanding educational program.

Using the following scale, please rank the student’s:

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<tr>
<th>Scale</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>n/a</td>
<td>not able to rank</td>
</tr>
<tr>
<td>1</td>
<td>poor</td>
</tr>
<tr>
<td>2</td>
<td>below average</td>
</tr>
<tr>
<td>3</td>
<td>average</td>
</tr>
<tr>
<td>4</td>
<td>above average</td>
</tr>
<tr>
<td>5</td>
<td>superior</td>
</tr>
</tbody>
</table>

Critical Thinking & Analysis Skills
Interpersonal Skills
Ethical Conduct
Commitment to Learning
Dependability / Reliability / Promptness
Responsibility / Accountability
Organizational Skills

Please indicate your overall recommendation of this applicant.

- strongly recommend
- recommend
- recommend with reservations
- do not recommend

Your Name & Title

Your Signature

Date:

➢ On a separate sheet of paper, please describe qualifications, traits, accomplishments, and/or experience that you feel are significant in demonstrating the applicant’s ability to complete the Athletic Training Program.

➢ Please enclose this form and supplemental materials in an envelope, seal the envelope, sign your name across the seal and return the envelope to the student. He/she will include your recommendation with the rest of the application materials. All materials are due by May 1. Please assist the student in submitting the materials on time by returning this form to him/her in a timely manner. Thank you for your time and attention.

➢ Should you have any questions, concerns, or comments, please free to contact Brian Farr at 512-471-9885.

2/20/2018