

Athletic Training Program Reference Form: Form A UNIVERSITY



This section to be filled out by the applicant: Applicant's Name	PSID#
Current Address	Phone #
Major 1	Advisor
Name of Evaluator (please print)	Position
Address	Phone #
Number of years you have known the applicant known the applicant	

To the Evaluator: Please check the box that you think best describes this applicant.

PERFORMANCE RUBRIC

1 Dispositions and skills are **not** the level for recommendation to the Athletic Training Program. 2 Candidate displays **some inappropriate** actions relevant to the disposition or skill. 3 Candidate displays **appropriate** actions relevant to the disposition or skill.

4 Candidate Displays **sophisticated and consistent** actions relevant to the disposition or skill.

Disposition	1	2	3	4	Disposition	1	2	3	4
1) Motivated/ Dedicated					7) Resourceful				
* Inclined to action/ Devoted wholly					* Able to deal skillfully and promptly				
to some purpose.					with new situations, difficulties,				
					ect.				
2) Caring/ Sensitive					8) Poised				
* Being concerned, having thought					* Self-confident, Self -assured				
or regard / Responsive to feelings									
of others.									
3) Ethical					9) Written Communication is clear &				
* Being in accordance with the rules					Concise				
or standards for right conduct.									
4) Responsible					10) Oral Communication is clear and				
* Accountable, as for something					concise				
within ones powers; having a									
capacity for moral decisions and									
therefore accountable.									
5) Open- Minded					11) Demonstrates an ability to lead				
* Having or showing a mind					and influence others.				
receptive to new ideas or									
arguments; unprejudiced,									
impartial.									
6) Collaborative/ Cooperative					12) Shows interest in becoming an				
* Sharing responsibility in a group					Athletic Trainer.				
endeavor.							Ļ		

******Please feel free to elaborate on any of the above dispositions on the reverse side of document.

Signature of Evaluator_____

Date_

Information submitted on this form will be collected and maintained at Minot State University and will also be part of the applicant's permanent records.