



The University of Texas of the Permian Basin - Athletic Training Education Program

ATS Bi-Weekly Reflection Form

Name of ATS _____

Dates of 2 week period _____

Number of hours ATS logged during the previous two weeks _____

Name of ACI _____

Clinical Rotation Setting _____

Form Instruction-please fill out the form on your computer. You are encouraged to use more than the blanks allotted for each question.

1. Please address your proficiency development since your last reflection. (Indicate clinical proficiencies that you have been instructed, and the extent that you have practice and who instructed you?)

2. Please address your understanding of your clinical site's policies, procedures, or rules since your last reflection.

3. Please address your understanding and development of professional knowledge, attitude, and interest since your last reflection both in classes and clinical practicums.

4. Please evaluate your development or progress in the clinical practicum aspect of the education program since your last reflection. (Please discuss your strengths and weaknesses.)
