Southern Illinois University Carbondale
Athletic Training Student Clinical Experience Monthly Record

Name: Month/Year:

Directions - Print the number of hours for each set of dates (column headings) for each sport activity (row headings). Tally the rows and provide a total for each sectiion and a grand total overall.

Practices and Games Only	1st-7th	8th-14th	15th-21st	22nd-End	Row Totals
Baseball					
Cross Country					
Football					
Golf					
Men's Basketball					
Recreational Center					
Softball					
Swimming and Diving					
Tennis					
Track & Field					
Volleyball					
Women's Basketball					

Total for this section only:

Athletic Training Room	1st-7th	8th-14th	15th-21st	22nd-End	Row Totals
Rehabilitations					
Treatments					
Record Keeping					
General (Clean-up)					
Other Administrative					

Total for this section only:

Allied Setting	1st-7th	8th-14th	15th-21st	22nd-End	Row Totals
Away Event					
Clinic Experience					
High School Experience					

(Specify sport activities at high school and hours for each on the following line:)

Physician Visit					
Surgical Observation					
Other: _____					

Total for this section only:

Overall total for this month:

By my signature below, I certify that the above record is accurate as indicated. I understand that inaccuracy in this record is fraudulent and subject to disciplinary action up to and including removal from the academic program.

Student Signature Date

Supervisor Signature Date