

Athletic Training Education Alumni Interview

Name: _____ Date: _____ Yr of Grad: _____

Directions: Please carefully read each of the questions. Reflect back on your experiences as an athletic training student to answer the following questions. All responses will be kept confidential and will be used for program evaluation and enhancement purposes only. Please be honest and as specific as possible when answering the questions.

OVERALL

1. After being in the field, identify **overall strengths** of the UCONN Athletic Training Education Program?
2. After being in the field, identify the **overall weaknesses** of the UCONN Athletic Training Education Program?
3. What are **3** things you would do to make the UCONN Athletic Training Education Program better?

On a scale of 1-10 (1 being poor and 10 superior), how would you rate your overall experience with the UCONN Athletic Training Education Program: _____

CURRICULUM

1. What were the top 3 (delivery, relevant material etc.) AT courses you had the opportunity to take while at the UCONN Athletic Education Training Program?
2. As a working professional, what courses do you feel did not help/benefit you as a clinician? Please explain.

On a scale of 1-10 (1 being poor and 10 superior), how would you rate your athletic training education/curriculum: _____

CLINICAL ROTATIONS

1. What was your BEST clinical experience while in the UCONN Athletic Training Education Program? Explain why?
2. What was your LEAST helpful/beneficial clinical experience while in the UCONN Athletic Training Education Program? Explain.

On a scale of 1-10 (1 being poor and 10 superior), how would you rate your athletic training clinical rotations: _____

Looking Ahead:

What do you hope to be doing in five years? Please be as specific as possible.

What do you hope to be doing in 20 years? Please be as specific as possible.

For accreditation purposes please answer the following:

When (month & year) did you take the BOC exam?

Did you pass on the first attempt?

When did you pass the BOC exam?

What setting are you currently working in?

Please update your contact information

Name (if changed)

Current Home Address

Phone # & e-mail

The UCONN Athletic Training Education Program sincerely “Thanks You” for your time and effort in completing this alumni interview form.

Please return this completed interview via email, fax, or mail to:

Carrie Graham, MA, ATC
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