

**GOAL WORKSHEET**  
UNLV ATHLETIC TRAINING EDUCATION PROGRAM

Semester in Program \_\_\_\_\_

**Athletic Training Student**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

**Clinical Instructor**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Sport Exposure \_\_\_\_\_

Please type your goals:

**SIM** \_\_\_\_\_

**SIM** \_\_\_\_\_

**SIM** \_\_\_\_\_