The Kean University Athletic Training Education Program (ATEP) sponsors a “Shadowing Day” Program every Monday during the fall and spring semesters. The objective of this program is to give the high school student and potential ATEP candidate the opportunity to attend classes and observe clinical experiences with the students enrolled in the Kean ATEP.

Students are asked to arrive at the University by 8:30 am for a brief introduction followed by observation of several classes and clinical sites. Lunch will be served and then it's back to class or a clinical site.

The day ends with a 3:30 pm workshop (parents are welcome) to answer any questions about the Program, the profession of Athletic Training, or to observe a skills lesson given to all freshman every Monday.

I would like to encourage you to participate in this opportunity and to thank you for your interest in Kean University Athletic Training. Should you have any questions or would like to attend, please contact me at the University or through e-mail. You may also print the attached form and mail it directly to the University.

Gary Ball Ed.D, ATC
ATEP Program Director
KEAN UNIVERSITY
ATHLETIC TRAINING EDUCATION PROGRAM
IN COOPERATION WITH THE DEPARTMENT OF PHYSICAL EDUCATION,
RECREATION, AND HEALTH, AND THE DEPARTMENT OF ATHLETICS

PRESENTS

“Shadowing Day”
EVERY MONDAY DURING THE FALL ‘04 AND SPRING ‘05 SEMESTERS

Name ________________________________________________________________

Address ____________________________________________________________

City ______________________ State ___________ Zip Code ________________

Telephone Number (______) ____________ - _____________________________

Sponsoring Athletic Trainer / Guidance Counselor / Teacher
________________________________________________________________________

Telephone Number (______) ____________ - _____________________________

School name _________________________________________________________

Parent’s Name________________________________________________________

Day telephone in case of emergency (______) ____________ - __________________

Date of requested attendance: ________________________________