

ETBU Athletic Training Clinical Experience Evaluation

Student: _____

Rotation Dates: _____

ACI / CI: _____

Facility: _____

Please use the following scale to complete this evaluation:

- 3 Exceeds Expectations, performs skill at higher quality than most students at this level
- 2 Meets Expectations, performs skill consistent with other students at this level
- 1 Below Expectations, performs skill but not consistent with other students at this level
- N/A Not applicable / Not observed

Professional Attributes

Arrives on time for clinical experience.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Asks questions of the clinical instructor.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Shows initiative to accomplish tasks without being asked	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Understands their professional responsibility	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Dresses professionally	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Shows respect toward clinical instructor, coaches and athletes	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Demonstrates confidence in knowledge and skills	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Uses critical thinking skills to accomplish tasks	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Demonstrates passion for his / her education and clinical assignment	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Readily accepts challenges that test their skills / knowledge	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A

Clinical Skills

Effectively applies appropriate taping and wrapping	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Appropriately cares for open and closed wounds	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Applies proper first aid for injuries	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Obtains a thorough medical history	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Performs an objective injury assessment	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Correctly utilizes therapeutic modalities	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Correctly instructs athletes in therapeutic rehabilitation techniques	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Properly documents treatments / evaluations	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A

STRENGTHS

CONCERNS

Overall this student:

3 Exceeds expectations 2 Meets Expectations 1 Performs below expectations

I feel this athletic training student is ready to accept more responsibility. YES NO

Comments:

Signatures: _____

Athletic Training Student

Clinical Instructor

Date