

**East Texas Baptist University
Athletic Training Educational Program
Clinical Education Setting / Supervisor
Student Evaluation**

This form has been developed to ensure that clinical settings utilized in the ETBU Athletic Training Educational Program are beneficial to the continued education of all athletic training students. It is very important to the program that the information you give is candid and honest. This information, which will be kept strictly confidential, will be used to modify and improve clinical settings in which students are placed.

Student's Name: _____

Clinical Education Setting: _____

Dates at Setting: _____

Clinical Instructor: _____

Clinical Setting Assignment(s): _____

The following scale will be used throughout the evaluation:

1 = Unacceptable 2 = Weak 3 = Acceptable 4 = Strong 5 = Superior

In the space provided, write the number that corresponds best with your opinions based on the numbered statement.

Facility:

1. The facility provided information on the type of patients / athletes served prior to your clinical education experience: _____
2. The facility provided information on their policies and procedures prior to your clinical education experience: _____
3. The facility provided information on the overall objectives related to the clinical education experience: _____
4. The facility provided information on the ethical standards of practice _____
5. The facility provided information on the chain of command related to the facility _____
6. The facility provided information on the required dress code for the facility _____
7. The facility provided a time schedule for the clinical experience _____
8. The facility provided adequate equipment / modalities to meet the set objectives for your clinical experience _____
9. You had a clear understanding of the facility's expectations of you _____

Supervisor:

10. You were adequately supervised by your Clinical Instructor during your clinical experience _____
11. Your personal objectives were considered during your clinical experience _____
12. The learning assignments / activities were individualized to suit your stated objectives for the clinical education _____

- 13. The learning assignments / activities were modified to suit the level of competency you exhibited _____
- 14. Adequate space was provided to you for personal and professional needs: _____
- 15. Your clinical experience involved interaction with a variety of health care professionals: _____

** List the health care professionals you had interaction with during your clinical experience.

- 16. You were provided a variety of patients / athletes in order to meet the set objectives for your clinical experience _____
- 17. You were provided with adequate time to consult with your Clinical Instructor about the varied clinical experiences _____
- 18. You received adequate feedback from your Clinical Instructor during your clinical experience _____
- 19. You were exposed to a variety of new experiences during your clinical experience _____

** List the new experiences, assignments and / or activities you were exposed to during your clinical experiences

- 20. Your Clinical Instructor was adequately knowledgeable to respond to your questions during your clinical experience _____
- 21. Your Clinical Instructor was interested in furthering your education during your clinical experience _____
- 22. Your Clinical Instructor discussed with you the final written evaluation he / she completed _____
- 23. You were given ample opportunity to discuss and receive feedback after the Clinical Instructor's final written evaluation was completed _____

Recommendations:

I would recommend that East Texas Baptist University continue to utilize this Clinical Education Setting / Supervisor in the future _____

Student Signature

Date