

APPENDIX B
Clinical Observation Recording Form:
KN 1442

Name: _____ **Mentor Evaluator:** _____

Evaluate the student's performance for each category listed below. Record a "P" (pass) when a skill has been mastered as well as the date. Only after the student has completed all of the below tasks should you as the mentor sign this sheet. The student will then return the form to the instructor on or before the day of the last exam. No competency sheets will be accepted late.

CATEGORY	SKILLS/KNOWLEDGE	P	DATE COMPLETED/ MENTOR'S INITIALS
Can identify all the certified athletic trainers:	Dwight Stansbury		
	Stephen Spiro		
	Mark Rice		
	Paul Murata		
	Travis McCormack		
Location of the following supplies:	Athletic tape		
	Ace wraps/slings		
	Neoprene sleeves		
	Knee/ ankle braces		
	Spine board		
	First aid supplies		
Proper demonstration of:	Make ice cups		
	Fill/empty water and Gatorade coolers		
	Fill/empty ice chests		
	Fill Ultrasound gel containers		
	Stock taping tables/counters		
	Follow laundry room and towel procedures		
	Follow procedure for the discard of blood borne pathogen soiled materials		
	Appropriately adjust bike seat to an individual		
	Protocol for answering and taking phone messages		
Demonstrate how to clean:	Hydrotrack		
	Table/ countertops		
	Whirlpools		
	Hydroculators		
	Floor		
Demonstrate how to make / prepare the following:	Ice bags		
	Ice massage		
	Hot packs		
	Hot/Cold whirlpools		