

Temple University
Athletic Training Education Program

Clinical Site Evaluation

ATS Name: _____ Date of Evaluation: _____

Clinical Site: _____ Program Status: _____

This form is designed to allow the athletic training student to evaluate the clinical settings currently being offered by the Temple University Undergraduate Athletic Training Program. All information provided on this form will remain confidential. General comments will be shared with clinical site supervisors at the conclusion of the academic year to assist the clinical site in improving its educational program. This form will also serve to assist the Temple University Certified Athletic Training Staff in deciding to continue or discontinue using clinical sites for athletic training student education. Please keep in mind that this is an evaluation of the clinical site, not the clinical instructor.

Use the following key in answering each question:

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

- _____ The clinical site was easily accessible.
- _____ The clinical site was well organized.
- _____ I was provided an orientation regarding the policies and procedures of this clinical site.
- _____ Supplies and equipment were adequate to meet my educational needs.
- _____ The clinical site had adequate reference and resource material readily available.
- _____ Policies and procedures of the clinical site were adequately explained to me.
- _____ The policies and procedures of the clinical site were appropriately enforced.
- _____ The clinical site provided me with a stimulating learning environment.
- _____ The facility staff and my clinical instructor provided adequate supervision.
- _____ The clinical site provided for opportunities to interact with additional medical professionals.
- _____ The coaches and staff were respectful to me and my position as an athletic training student.
- _____ The relationship between the ATC, coaches, and other staff was positive.
- _____ The certified athletic trainers and other staff were professional.
- _____ The clinical site provided me with challenges that allowed me to apply my knowledge and skills.
- _____ The experience reinforced my knowledge from coursework.
- _____ The level and degree of responsibility delegated to me was appropriate.
- _____ The TU ATEP should continue to use this clinical site for clinical education of athletic training students.

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Clinical Site Evaluation (con't)

Please describe or expand upon the strengths of this clinical site. (Use examples if appropriate.)

Please describe or expand upon the limitations of this clinical site. (Use examples if appropriate.)

Please list any comments or suggestions for improvement of this clinical site.