

Temple University  
Athletic Training Education Program

**Student Evaluation Form**  
Fall Semester Sophomore Year

ATS Name: \_\_\_\_\_ ACI Name: \_\_\_\_\_

Experience: \_\_\_\_\_ Year: \_\_\_\_\_

*The purpose of this evaluation is for the clinical supervisor to evaluate the athletic training student's interpersonal skills, clinical progress, and level of professionalism. This evaluation should be completed at the end of each clinical experience. This evaluation is included as part of the student's grade for this clinical course. Please be thorough and accurate in your evaluation. Comments are highly encouraged.*

**Please use the following scale when evaluating ATs:**

N/A: Not Observed	1: Deficient; needs improvement before advancing
2: Below average; unsatisfactory	3: Average; meets minimal standards
4: Above average clinical level	5: Outstanding, excellent; exceeds clinical level

<b>GENERAL ATTRIBUTES</b>	N/A	1	2	3	4	5
1. Cooperates with peers, supervisors, coaches, and athletes						
2. Attends all required activities as defined by supervisor						
3. Dependable, reliable, and punctual						
4. Takes initiative according to skill level						
5. Expresses knowledge of and adheres to ATR policies and procedures						
6. Recognizes professional limitations and practices within those limits						
7. Exhibits quality communication skills						
8. Applies academic knowledge to clinical experience						
9. Demonstrates proper use of time while on duty						

Specific Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>FOUNDATIONAL BEHAVIORS</b>	N/A	1	2	3	4	5
1. Demonstrates a desire to improve in the clinical setting						
2. Effectively uses resources to facilitate learning						
3. Properly documents injuries and understands the importance of doing so						
4. Understands athletes'/patients' individual needs and differences						
5. Exhibits professionalism in appearance, actions, and language while on duty						
6. Understands the need for and adheres to confidentiality						
7. Adheres to NATA Code of Ethics						

Specific Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CLINICAL SKILLS	N/A	1	2	3	4	5
1. Performs quality taping and wrapping procedures						
2. Demonstrates proper first aid and emergency care procedures						
3. Possesses basic understanding of anatomy						

Specific Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you recommend this ATS for Clinical Advancement?      YES \_\_\_\_\_ NO \_\_\_\_\_

Please explain a no answer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ATC Signature: \_\_\_\_\_      Date: \_\_\_\_\_

ATS Signature: \_\_\_\_\_      Date: \_\_\_\_\_

This form is kept in the ATS's personal file in the Athletic Training office and advisor's office. It may be reviewed by ATS or Staff ATC at any time.