

Temple University
Athletic Training Education Program

Student Evaluation Form
Spring Semester Junior Year
Practicum II

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

GENERAL ATTRIBUTES	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: _____

FOUNDATIONAL BEHAVIORS	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						
8. Makes ethical decisions in clinical practice						

Specific Comments: _____

CLINICAL SKILLS	N/A	1	2	3	4	5
1. Performs quality taping and wrapping procedures						
2. Possesses basic knowledge of and properly applies heat and cold modalities						
3. Demonstrates proper first aid and emergency care procedures						
4. Possesses basic understanding of anatomy						
5. Demonstrates skill in evaluation and management of lower extremity injuries						
6. Demonstrates skill in evaluation and management of upper extremity injuries						
7. Demonstrates skill in developing and implementing rehabilitation programs						
8. Possesses an understanding of proper return to play guidelines						
9. Possesses the ability to properly assess and manage head or spine injury						

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.