



## Athletic Training Student Evaluation

PRINT Student's Name \_\_\_\_\_

Sport/Rotation: \_\_\_\_\_

Dates/Year: \_\_\_\_\_ - \_\_\_\_\_, \_\_\_\_\_

These evaluations are very important. NO student is expected to be perfect, therefore everyone has room for improvement. Please be honest in your evaluation and comments. Please write the appropriate Scale (number) next to each item, including +/- if you wish. EXPLAIN any rating that falls below average (3). When finished, meet with the AT student and return this form to the Athletic Training Program Director.

- Scale:**
- 5 (Excellent)** – performs duties extremely well, as good as upperclass-ATs or ATCs.
  - 4 (Above Avg)** – performs duties better than most ATs at this level.
  - 3 (Average)** – performs duties as well as most students at this level; needs supervision.
  - 2 (Below Avg)** – performs duties at an unsatisfactory level; needs very close supervision.
  - 1 (Deficient)** – needs remedial aid prior to advancing.
  - 0 (Not applicable)** – these duties were not observed or AT has not acquired these skills yet.

### Professional Qualities

	Firm with athletes		Written documentation skills
	Alert during practices		Verbal communication skills
	Ability to act, but not over-react		Resourceful (problem solver)
	Follows instructions & accepts tasks		Behaves in an ethical & moral fashion
	Ability to work with coach(es) / med staff		Good rapport with patients
	Knowledge of injuries & illnesses		Medical terminology

**Comments:** \_\_\_\_\_

### Personal Qualities

	Enthusiasm		Acceptance to criticism
	Initiative (looks for tasks to do)		Leadership
	Attitude towards work, setting, & patient		Trust (confidentiality)
	Confidence & self-image		Loyalty
	Drive & ambition		Punctuality
	Willingness to learn		Creative

**Comments:** \_\_\_\_\_

### Overall Strengths for this AT Student (considering level)

\_\_\_\_\_

\_\_\_\_\_

### Suggestions for noted Weaknesses for the AT Student (considering level)

\_\_\_\_\_

\_\_\_\_\_

### Overall Evaluation of this AT Student (circle the appropriate letter grade and + or -, if applicable)

+ A -	Outstanding (always, most of the time)	+ D -	Poor work (consistently, sometimes, very poor)
+ B -	Good work (consistently, sometimes, less)	F	Very deficient overall
+ C -	Average work (consistently, sometimes, less)		

The signatures below indicate that the Clinical Instructor has reviewed and discussed this form with the Athletic Training Student. The signature of the student does not indicate that he/she agrees with this evaluation; but simply that he/she has been informed. The purpose of this evaluation is to improve the student as well as our athletic training program.

\_\_\_\_\_  
Clinical Instructor's Signature      Date

\_\_\_\_\_  
Program Director's Signature      Date

\_\_\_\_\_  
Student's Signature      Date