

The University of Texas at Austin
Athletic Training Education Program
Student Evaluation of ACI / Site Supervisor

Student _____ Date _____

ACI _____ Clinical Site _____

Directions: Please complete the entire form. Fill out a separate form for each supervisor that you worked with at this site. Use the scale below to rate your opinion of the statements provided. Please comment on all scores of n/a, 1, or 2. If you have any questions, please have them resolved prior to filling out the form.

Scale: n/a = not applicable 1= poor / strongly disagree / never 2= below average / disagree / seldom
3= average / neutral / sometimes 4= above average / agree / frequently 5= excellent / strongly agree / always

ACI / Site Supervisor Evaluation

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|--|-----|---|---|---|---|---|
| 1. ACI is a positive professional role model for students | n/a | 1 | 2 | 3 | 4 | 5 |
| 2. ACI assists students in understanding their professional responsibilities | n/a | 1 | 2 | 3 | 4 | 5 |
| 3. ACI enforces policies and procedures and rules of the clinical site | n/a | 1 | 2 | 3 | 4 | 5 |
| 4. ACI promotes his / herself as a professional | n/a | 1 | 2 | 3 | 4 | 5 |
| 5. ACI shows respect for athletic training students | n/a | 1 | 2 | 3 | 4 | 5 |
| 6. ACI provides a clear orientation during the first week of rotation | n/a | 1 | 2 | 3 | 4 | 5 |
| 7. ACI attempts to get to know students personally | n/a | 1 | 2 | 3 | 4 | 5 |
| 8. ACI promotes student learning in the clinical setting | n/a | 1 | 2 | 3 | 4 | 5 |
| 9. ACI provides feedback to students in a timely manner | n/a | 1 | 2 | 3 | 4 | 5 |
| 10. ACI actively promotes clinical discussion with students | n/a | 1 | 2 | 3 | 4 | 5 |
| 11. ACI corrects students tactfully in an appropriate location | n/a | 1 | 2 | 3 | 4 | 5 |
| 12. ACI deals with conflicts in a professional manner | n/a | 1 | 2 | 3 | 4 | 5 |
| 13. ACI continuously communicates expectations of student | n/a | 1 | 2 | 3 | 4 | 5 |
| 14. ACI encourages students to ask questions | n/a | 1 | 2 | 3 | 4 | 5 |
| 15. ACI provides on-going feedback to students on their clinical performance | n/a | 1 | 2 | 3 | 4 | 5 |
| 16. ACI provides life-like scenarios for students to learn | n/a | 1 | 2 | 3 | 4 | 5 |
| 17. ACI promotes critical thinking skills | n/a | 1 | 2 | 3 | 4 | 5 |
| 18. ACI promotes clinical practices in line with current academic teachings and current research | n/a | 1 | 2 | 3 | 4 | 5 |
| 19. ACI is organized in teaching methods | n/a | 1 | 2 | 3 | 4 | 5 |

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|--|-----|---|---|---|---|---|
| 20. ACI provides time for student to practice clinical skills after demonstration of the skill | n/a | 1 | 2 | 3 | 4 | 5 |
| 21. ACI asks for feedback from students regarding teaching methods and effectiveness | n/a | 1 | 2 | 3 | 4 | 5 |
| 22. ACI challenges students clinical skills / abilities/ education daily | n/a | 1 | 2 | 3 | 4 | 5 |
| 23. ACI motivates student to improve | n/a | 1 | 2 | 3 | 4 | 5 |
| 24. Overall rating of ACI / Site supervisor | n/a | 1 | 2 | 3 | 4 | 5 |

Site Evaluation:

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|--|-----|---|---|---|---|---|
| 1. The clinical site / rotation was beneficial to my education | n/a | 1 | 2 | 3 | 4 | 5 |
| 2. I had a “hands-on” experience at this site | n/a | 1 | 2 | 3 | 4 | 5 |
| 3. I had a positive experience at this clinical site | n/a | 1 | 2 | 3 | 4 | 5 |
| 4. I had the opportunity to develop my clinical skills | n/a | 1 | 2 | 3 | 4 | 5 |
| 5. I had the opportunity to demonstrate my clinical skills | n/a | 1 | 2 | 3 | 4 | 5 |
| 6. I was treated fairly and with respect by the staff at this site | n/a | 1 | 2 | 3 | 4 | 5 |
| 7. I was not asked to perform duties beyond those of which I am competent | n/a | 1 | 2 | 3 | 4 | 5 |
| 8. I was adequately supervised while performing my clinical skills / duties | n/a | 1 | 2 | 3 | 4 | 5 |
| 9. This site should continue to be used as a clinical site for future students | n/a | 1 | 2 | 3 | 4 | 5 |

Please identify the strengths of this clinical site and the ACI / clinical supervisor:

What could be done to make this a better site/ experience for future students?

Student's Signature _____	Date _____	ACI / CI Signature _____	Date _____
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