

**The University of Texas at Austin
Athletic Training Education Program
Directed Observation Site Evaluation**

Rotation Site _____ Site Coordinator _____ Dates _____

Please rate your experience, in the following categories, at this Directed Observation rotation site. Your comments are used to improve the program and student's educational experiences.

NA = not applicable 1= poor 2= below avg 3= average 4= above avg 5 = outstanding

- | | | | | | | |
|--|---|---|-----|---|----|----|
| <input type="checkbox"/> Interaction with staff athletic trainer | 1 | 2 | 3 | 4 | 5 | NA |
| <input type="checkbox"/> Interaction with athletic training student | 1 | 2 | 3 | 4 | 5 | NA |
| <input type="checkbox"/> Ease in contacting and arranging times with this site's coordinator | 1 | 2 | 3 | 4 | 5 | NA |
| <input type="checkbox"/> Value of this experience as an educational opportunity | 1 | 2 | 3 | 4 | 5 | NA |
| <input type="checkbox"/> The amount of material you learned or were taught by the staff or athletic training student | 1 | 2 | 3 | 4 | 5 | NA |
| <input type="checkbox"/> Did the staff athletic trainer attempt to educate you? | | | YES | | NO | NA |
| <input type="checkbox"/> Did the athletic training student attempt to educate you? | | | YES | | NO | NA |
| <input type="checkbox"/> Did you cover any of your competencies? | | | YES | | NO | NA |

What was your favorite part of this rotation? _____

What was your least favorite part of this rotation? _____
