

The University of Texas at Austin
Athletic Training Education Program
Evaluation of Athletic Training Student

Student _____ Date _____ Level _____

Evaluator _____ Clinical Site _____

Directions: Please fill out the entire form. Provide comments on any scores of n/a, 1, or 2. Have your questions addressed prior to filling out the evaluation. Have the student evaluate him / herself on a separate form then sit down and compare both evaluations with the student. Return your evaluation and the student's evaluation to the Program Director. Use the scale below:

N/a = not applicable / no opinion 1= poor / strongly disagree/ never 2=below avg / disagree / seldom

3=average / neutral / sometimes 4= above avg / agree / frequently 5= excellent / strongly agree / always

Student has fulfilled the time requirement for this rotation	n/a	1	2	3	4	5
Student followed the designated dress code for this rotation	n/a	1	2	3	4	5
Student followed the policies and procedures of this clinical setting	n/a	1	2	3	4	5
Student maintained patient confidentiality	n/a	1	2	3	4	5
Student is punctual in reporting for daily assignment	n/a	1	2	3	4	5
Student shows initiative in daily tasks / responsibilities	n/a	1	2	3	4	5
Student shows an initiative to learn / improve their skills or knowledge	n/a	1	2	3	4	5
Student was cooperative and willing to help	n/a	1	2	3	4	5
Student accepts new or challenging tasks	n/a	1	2	3	4	5
Student asks question when unclear on something	n/a	1	2	3	4	5
Student demonstrates the capacity to make reasonable decisions in a timely manner	n/a	1	2	3	4	5
Student was involved with clinical duties at an appropriate level	n/a	1	2	3	4	5
Student appears to be an organized and efficient worker	n/a	1	2	3	4	5
Student was trustworthy and dependable	n/a	1	2	3	4	5
Student completes assigned tasks correctly and without need for constant supervision	n/a	1	2	3	4	5
Student did NOT repeatedly make the same mistakes	n/a	1	2	3	4	5
Student handles difficult situations in a professional and mature manner	n/a	1	2	3	4	5
Student performed clinical skills in-line with current teachings & current research	n/a	1	2	3	4	5
Student did not perform clinical skills beyond those of which they are competent	n/a	1	2	3	4	5

Student appeared to be sufficiently prepared to fulfill the requirements of this rotation	n/a	1	2	3	4	5
Student's overall knowledge and skill is appropriate for their level in the program	n/a	1	2	3	4	5
Student projected a sincere interest in this clinical setting	n/a	1	2	3	4	5
Student projected a sincere interest in the athletic training / allied health profession	n/a	1	2	3	4	5
Student demonstrates an ability to accept criticism	n/a	1	2	3	4	5
Student exhibits a positive attitude towards this clinical setting and the setting's staff	n/a	1	2	3	4	5
Student maintains a professional demeanor and relationship with others	n/a	1	2	3	4	5
Student maintains a friendly and courteous attitude with peers, supervisors, athletes, etc.	n/a	1	2	3	4	5
Student is an effective resource to peers	n/a	1	2	3	4	5
Student worked well with peers	n/a	1	2	3	4	5
Student effectively communicated with supervisor, staff, athletes / patients, etc.	n/a	1	2	3	4	5
Student's ability to apply their knowledge and clinical skills to this setting	n/a	1	2	3	4	5
Students "overall" performance in this clinical setting	n/a	1	2	3	4	5
This student could be successful working in this particular setting	n/a	1	2	3	4	5
This student exhibits the qualities and characteristics I would expect of a future ATC	n/a	1	2	3	4	5

Please list the strengths of this student

Please list areas where the student needs improvements.

Supervisor's Signature _____	Date _____	Student's Signature _____	Date _____
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