EVALUATION OF CLINICAL INTERNSHIP I

Athletic Training Student: ______________________________________________
Preceptor: ____________________________________________________________
Clinical Site: ________________________________________________________________

Evaluation Type: Midterm Final

Directions: Please evaluate the athletic training student using the following criteria based upon the established Athletic Training Education Program expectations for their clinical level.

3 = Entry Level
2 = Developing Skills
1 = Needs Improvement
NA = Not Observed or Applicable for rotation

Professionalism

1. Is punctual and reliable.  3 2 1 N/A
2. Appropriate dress and behavior.  3 2 1 N/A
3. Demonstrates a positive attitude.  3 2 1 N/A
4. Demonstrates initiative to learn.  3 2 1 N/A
5. Completes assigned tasks in a timely manner.  3 2 1 N/A
6. Follows policies and procedures.  3 2 1 N/A
7. Complies with OSHA and HIPAA standards.  3 2 1 N/A
8. Communicates effectively.  3 2 1 N/A
9. Uses appropriate medical Terminology.  3 2 1 N/A

Clinical Skills and Proficiencies

1. Taping, wrapping and bracing of L.E.  3 2 1 N/A
2. First aid skills.  3 2 1 N/A
3. Application of heat.  3 2 1 N/A
4. Application of cold.  3 2 1 N/A
5. Game and practice set-up.  3 2 1 N/A
6. Hydration.  3 2 1 N/A
Please identify the Athletic Training Student’s **strengths:**

Please identify the Athletic Training Student’s **areas for improvement:**

Has the Athletic Training Student met expectations for this clinical level?
Yes  No

If you were to assign an overall letter grade (A, B, C, etc) to the student for this clinical experience, what grade would you assign?

________________________________________  _______________________________________
| Preceptor                  | Date       | Athletic Training Student | Date       |

_______________________________________
| Clinical Education Coordinator | Date       |