

PACIFIC UNIVERSITY  
ATHLETIC TRAINING

EVALUATION OF CLINICAL INTERNSHIP II

Student Name: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Evaluation Type:      Midterm      Final

**Directions:** Please evaluate the student using the following criteria.

3=Entry Level

2=Developing Skills

1=Needs Improvement

NA=Not Observed or Not Applicable for this rotation

**Professionalism:**

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

**Clinical Skills and Proficiencies:**

1. Taping, wrapping, bracing, padding	3	2	1	NA
2. Wound Care	3	2	1	NA
3. On-field/Emergency Care	3	2	1	NA
4. Application of therapeutic modalities	3	2	1	NA
5. Injury evaluation	3	2	1	NA
6. Game and practice set-up	3	2	1	NA

Please identify the student's **strengths.**

Please identify the student's **areas for improvement.**

Has the student met expectations for this clinical? If not, why?

If you were to assign an overall letter grade to the student for this clinical experience, what grade would you assign?

\_\_\_\_\_  
Clinical Instructor                      Date

\_\_\_\_\_  
Student                                      Date

\_\_\_\_\_  
Clinical Education Coordinator      Date

