



**Final ATS Clinical Practicum Evaluation Form**

Name of ATS \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

Semester: Fall Spring Time: First 8 weeks Last 8 Weeks

Number of hours ATS logged during practicum rotation \_\_\_\_\_

Name of ACI \_\_\_\_\_

Clinical Rotation Setting \_\_\_\_\_

Clinical Practicum Course KINE- 2195\_\_\_\_, 2196\_\_\_\_, 3195\_\_\_\_, 3196\_\_\_\_, 4195\_\_\_\_, 4196\_\_\_\_

Evaluate the ATS using the following scale. Evaluation scale for a student at this level:

*Please this scale to rate ATS performance*

5	Superior	Self initiation, needing no reminders to complete task or objective
4	Good	Periods of self initiation, requiring reminders to complete task or objective
3	Competent	Requires reminders but willing to complete task or objective
2	Marginal	Hesitant/reluctant to complete task or objective needing constant reminders
1	Deficient	The student did not make an attempt to meet this task or objective
NA	Insufficient Data	Not applicable

1. \_\_\_\_ Student is punctual in reporting for daily assignments.
2. \_\_\_\_ Student has met time requirements for clinical assignments.
3. \_\_\_\_ Student dresses appropriately for clinical assignment.
4. \_\_\_\_ Student dresses appropriate for event/competitions.
5. \_\_\_\_ Student follows directions.
6. \_\_\_\_ Student follows policies and procedures of the clinical setting.
7. \_\_\_\_ Student displays effective communication with ACI/Certified Athletic Trainer.
8. \_\_\_\_ Student demonstrates a positive attitude.
9. \_\_\_\_ Student completes assigned tasks and clinical skills as appropriate (i.e. rehabilitation and general medical, etc.).
10. \_\_\_\_ Student demonstrates leadership for younger students.

\_\_\_\_**Subtotal**

Please use this scale to rate ATS technical standards

5	Superior	Self initiation, needing no reminders to complete task or objective
4	Good	Periods of self initiation, requiring reminders to complete task or objective
3	Competent	Requires reminders but willing to complete task or objective
2	Marginal	Hesitant/reluctant to complete task or objective needing constant reminders
1	Deficient	The student did not make an attempt to meet this task or objective
NA	Insufficient Data	Not applicable/scored

- 11. \_\_\_ Mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve.
- 12. \_\_\_ Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations.
- 13. \_\_\_ Ability to communicate effectively and sensitively with patients and colleagues.
- 14. \_\_\_ Ability to record the physical examination results and a treatment plan clearly and accurately.
- 15. \_\_\_ The student has the capacity to maintain composure and continue to function well during periods of high stress.
- 16. \_\_\_ The student has the perseverance, diligence, and commitment to complete the athletic training education program.
- 17. \_\_\_ The student has the flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
- 18. \_\_\_ The student has the affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

\_\_\_\_\_ **Total**

Please describe the ATS strengths and/or weaknesses regarding the following areas:

- 19. The student accepts and appreciates the roles of allied health professionals. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- 20. The student provides education and guidance on preventative techniques specific to the patient population.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- 21. The student demonstrates injury evaluation and management skills for specific injuries/illnesses. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- 22. The student utilizes proper treatment, rehabilitation, and reconditioning techniques specific to the injury/illness/condition. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

23. The student demonstrates an understanding of the organization and administration of sports medicine care delivered in the allied health settings.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. The student demonstrates effective communication skills with patients and allied health professionals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. The student demonstrates an appreciation of diversity and age-group characteristics of the patient population served.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. The student understands and identifies clinical outcome assessments through clinician-based (e.g., strength, ROM) or patient-based (e.g., satisfaction, return to function) measures.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Please, provide additional comments (e.g., personal appearance, dependability on completing tasks, quality of work).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggested Grade:  
A B C D

This report has been discussed with the student: Yes No

In addition to submitting this evaluation form to the UTPB class instructor, it must be reviewed with the athletic training student. Please fill out the evaluation and review it with your student, then both of you sign and date. Have the student submit this completed form to the Program Director. Thank you.

DO NOT TYPE SIGNATURES. PRINT FORM FIRST THEN SIGN.

Clinical Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Training Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_