



Mid- Term 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: _____