



**Preceptor & Clinical Setting Evaluation**

Institution \_\_\_\_\_ ACI/CI \_\_\_\_\_ Date \_\_\_\_\_

Student Level 1 A-B 2 A-B 3 A-B

*This evaluation of the ACI is confidential.*

*ACI evaluation scale*

1	Superior	Clearly Outstanding
2	Good	Above average performance
3	Competent	As Expected
4	Marginal	Not up to expectations
5	Deficient	Poor Performance
NA	Insufficient data	Performance not observed or no opportunity to observe

1. \_\_\_ General knowledge of athletic training/allied health field.
2. \_\_\_ Organization skills.
3. \_\_\_ Practical skills.
4. \_\_\_ Ability to promote high professional standards by word and example.
5. \_\_\_ Ability to promote individual achievement.
6. \_\_\_ Ability to analyze athletic training student skills and assist with improvement.
7. \_\_\_ Ability to instill confidence in athletic training students.
8. \_\_\_ Ability to communicate effectively with athletic training students.
9. \_\_\_ Respects athletic training students as individuals.
10. \_\_\_ Treats athletic training students fairly with equity.
11. \_\_\_ Ability to be an effective leader.
12. \_\_\_ Ability to use motivational techniques as a positive influence on the program.
13. \_\_\_ Shows personal enthusiasm for the profession of athletic training and the program.
14. \_\_\_ Ability to use a sense of humor in appropriate situations.
15. \_\_\_ Is able to be sensitive to individual needs of athletic training students and student athletes.
16. \_\_\_ Ability to demonstrate control in stressful situations.
17. \_\_\_ Ability to adapt to fluent situations.
18. \_\_\_ Overall performance

Clinical Setting Evaluation Scale

3	Excellent	Always	Above Average	3
2	Good	Often	Average	2
1	Marginal	Seldom	Below Average	1
0	Not Applicable/ Insufficient Data	Not Applicable/ Insufficient Data	Not Applicable/ Insufficient Data	0

1. \_\_\_ Your opportunity to evaluate patients/athletes.
2. \_\_\_ Your opportunity to plan treatment programs.
3. \_\_\_ Your opportunity to implement treatment programs
4. \_\_\_ Your opportunity to make patient/athlete referrals.
5. \_\_\_ Your exposure to a variety of patients/athletes.
6. \_\_\_ Your opportunity to follow-up patient/athlete care.
7. \_\_\_ Your opportunity to participate in clinical case reports or in-services.
8. \_\_\_ Your opportunity to observes surgeries or other medical procedures.
9. \_\_\_ Your exposure to modern (state of the art) equipment (modalities, exercise).
10. \_\_\_ Appropriate patient/athlete volume.
11. \_\_\_ Adequate space for the treatment of patient/athletes.
12. \_\_\_ Adequate space for students learn and practice clinical proficiencies.
13. \_\_\_ Adequate space designated for facility staff in-services or conferences.
14. \_\_\_ Rate the function of the facility.
15. \_\_\_ Rate the overall work/learning environment.

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Comments (please use examples when possible)

16. What was the single most important learning experience you had in this clinical setting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What would you consider to be strengths of this clinical setting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. What would you consider to be weaknesses of this clinical setting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. How can these weaknesses be addressed? Please offer suggestions. \_\_\_\_\_  
\_\_\_\_\_  
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