



Athletic Training Program

Clinical Site Evaluation©

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Preceptor: _____ Clinical Site: _____

Sport Assignment: _____ Date of Rotation: _____

Please circle the number corresponding with your feelings, beliefs, and behaviors about your clinical site.
Please circle the number that best applies to the statement.

KEY

1=Seldom	2=Occasionally	3=Fairly Often	4=Almost Always	5=Always
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1. The clinical site provided me with a stimulating learning environment.	1	2	3	4	5
2. The supplies and equipment at the Clinical Site were adequate to meet the demands and expectations placed upon me.	1	2	3	4	5
3. The Clinical Site provided me with challenges in which I could utilize my skills.	1	2	3	4	5
4. The experiences I encountered during my clinical practicum reinforced the information and skills I learned in my coursework.	1	2	3	4	5
5. The protocols and procedures of the clinical site were explained to me adequately and in sufficient time to implement them effectively.	1	2	3	4	5
6. Proper OSHA guidelines in the management of blood, bodily fluids, and medical waste were used at my clinical site.	1	2	3	4	5
7. Prescribed guidelines of the governing body for athletics (NCAA, PIAA) in regards to the care and treatment of athletes were used at my clinical site.	1	2	3	4	5
8. The Department of Athletic Training should continue to use this clinical site.				Yes	No

9. Below, please describe the **STRENGTHS** of this Preceptor and Clinical Site.

10. Describe the **WEAKNESSES** of this Clinical Site and Preceptor AND give **constructive recommendations** as to how those weaknesses may be improved.

11. Please provide **constructive suggestions** as to how to improve this clinical practicum/application experience.

12. On the average, how many contact hours did your Preceptor spend with you for educational instruction (formal/informal) per day ____ or per week ____.
(Contact hours mean discussing information, informal teaching, conversing, interacting, ...mentoring!)