



## Athletic Training Program Preceptor Evaluation of Students - 28-Hour Rotation

Student name: \_\_\_\_\_ Dates: \_\_\_\_\_

Level in program: \_\_\_\_\_ Semester: \_\_\_\_\_

Rotation assignment: \_\_\_\_\_

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

**Rating scale:**

- 5-Excellent: Demonstrates skills/duties extremely well, as good as upper-class AT's or ATC's
- 4-Above Average: Demonstrates skills/duties better than most at this level
- 3-Average: Demonstrates skills/duties consistent with those at this level; needs supervision/direction
- 2-Below Average: Demonstrates skills/duties at an unsatisfactory level; needs close supervision
- 1-Deficient: Needs remedial aid prior to advancing
- N/A-Not Applicable: Duties were not observed in this setting

Student effectively communicates with preceptor	5	4	3	2	1	N/A
Student follows directions	5	4	3	2	1	N/A
Student demonstrates appropriate behavior with patients	5	4	3	2	1	N/A
Student participates during learning opportunities	5	4	3	2	1	N/A
Student is receptive to instruction/direction	5	4	3	2	1	N/A
Student demonstrates initiative in the setting	5	4	3	2	1	N/A
Student asks questions indicative to critical thinking/learning	5	4	3	2	1	N/A
Student dresses appropriately for clinical setting	5	4	3	2	1	N/A
Student demonstrates confidence with performance and interactions	5	4	3	2	1	N/A
Student follows the policies and procedures of the clinical assignment	5	4	3	2	1	N/A
Student demonstrates appropriate knowledge <b>and</b> application of a particular taping/wrapping procedure	5	4	3	2	1	N/A
Student is able to effectively communicate and demonstrate instructions of the taping/wrapping procedure to the patient so as to complete appropriately	5	4	3	2	1	N/A
Student demonstrates knowledge and skills at competence level appropriate with level in AT Program	5	4	3	2	1	N/A
Totals						

Additional comments:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Preceptor Signature