

## Midwestern State University Athletic Training Level 4 Clinical Student Evaluation

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Rotation/  
Sport/Preceptor \_\_\_\_\_

**Rating Scale:**

3= Exceeds expectations

0= Unacceptable

2= Demonstrates Proficiency/ Appropriate

NA= Not Applicable in this Rotation

1= Needs Improvement/ Correction

Rapport with Preceptors	3	2	1	0	NA
Rapport with fellow athletic training students	3	2	1	0	NA
Rapport with Athletes/Patients	3	2	1	0	NA
Rapport with Team Physician/ Allied Health Personal	3	2	1	0	NA
Confidence/ Self Image	3	2	1	0	NA
Attitude	3	2	1	0	NA
Leadership	3	2	1	0	NA
Initiative	3	2	1	0	NA
Dependability	3	2	1	0	NA
Appearance	3	2	1	0	NA
Professional Demeanor	3	2	1	0	NA
First Aid & Immediate Care Skills & Knowledge * Appropriate with level in the AT Program	3	2	1	0	NA
Taping and Wrapping Skills & Knowledge * Appropriate with level in the AT Program	3	2	1	0	NA
Injury and Illness Evaluation Skills & Knowledge * Appropriate with level in the AT Program	3	2	1	0	NA
Modality Skills & Knowledge * Appropriate with level in the AT Program	3	2	1	0	NA
Rehabilitation Skills & Knowledge * Appropriate with level in the AT Program	3	2	1	0	N/A
Administrative Skills * Appropriate with level in the AT Program	3	2	1	0	NA
Problem Solving Approach * Appropriate with level in the AT Program	3	2	1	0	NA
Overall Ability * Appropriate with level in the AT Program	3	2	1	0	NA
Demonstrated Professional Interest	3	2	1	0	NA
Total Each Column					

Total Points This Rotation:	
Percent Score: (total points earned/ 60-NA sections)	%

Strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Areas for Improvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

***The student's signature above acknowledges that the clinical instructor has discussed the clinical experience and this evaluation.***

Preceptor Signature: \_\_\_\_\_ Date \_\_\_\_\_