

**University of Minnesota Duluth
Athletic Training Student Evaluations
(General Medical Rotation)**

ATs Name: _____

EXCELLENT	GOOD	AVERAGE	FAIR	POOR	NOT APPLICABLE
5	4	3	2	1	0

PLEASE RATE THE ATHLETIC TRAINING STUDENT USING THE SCALE ABOVE.
PLEASE REMEMBER THIS IS NOT A COMPARISON BETWEEN THE STUDENTS. RATE EACH ONE INDIVIDUALLY.

- ____ 1. General knowledge of medical conditions & athletic training.
- ____ 2. Practical skills (Otoscope, ophthalmoscope, auscultations, BP, HR, etc)
- ____ 3. Professionalism
- ____ 4. Ability to communicate effectively with patients or medical practitioners.
- ____ 5. Initiative
- ____ 6. Ability to show personal enthusiasm for healthcare issues
- ____ 7. Ability to adapt to situations
- ____ 8. Punctuality
- ____ 9. Organizational skills
- ____ 10. Overall work performance

What do you consider to be the STRENGTHS for this ATS?

What do you consider to be areas that NEED IMPROVEMENT for this ATS?

Supervising Physician: _____ Date: _____

Athletic Training Student: _____ Date: _____

Clinical Education Coordinator: _____ Date: _____