

**University of Minnesota Duluth
Athletic Training Student Evaluations**

ATs Name: _____ Evaluating ACI: _____

Rotation: _____

Year in Program: **SENIOR**

PLEASE RATE THE ATHLETIC TRAINING STUDENT IN REGARDS TO **GENERAL
KNOWLEDGE AND SKILL APPLICATION IN THE AREAS LISTED BELOW.**

EXCELLENT demonstration of skill integration	GOOD demonstration of skill integration	AVERAGE demonstration of skill integration	FAIR demonstration of skill integration	POOR demonstration of skill integration	Did not observe ATS performing skill
5	4	3	2	1	N/A

ASSESSMENT OF SKILLS (Senior)

1. _____ Thorough History Taking
2. _____ Proper Documentation/charting
3. _____ Wound Care
4. _____ Brace Fitting/Casting
5. _____ Ambulatory Aid (ability to instruct patient on proper use)
7. _____ Communication Skills with ATC, Patients, MD & other healthcare professionals
8. _____ Therapeutic Exercises – UPPER BODY (Able to create home programs and instruct patient)
9. _____ Therapeutic Exercises – LOWER BODY (Able to create home programs and instruct patient)
10. _____ Overall skill integration from classroom to clinical setting

Please provide additional feedback for the students skill integration:

USE THE SCALE BELOW TO ANSWER THE NEXT GROUP OF QUESTIONS

EXCELLENT	GOOD	AVERAGE	FAIR	POOR
5	4	3	2	1

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

- ___ 1. Professionalism
- ___ 2. Initiative; Ability to be an effective leader
- ___ 3. Ability to show personal enthusiasm for athletic training and the program
- ___ 4. Effective TEAM member/Rapport
- ___ 5. Ability to follow directions, especially in stressful situations (busy clinic)
- ___ 6. Work Ethic
- ___ 7. Punctuality
- ___ 8. Attitude in the clinic
- ___ 9. Ability to adapt to different work settings for Certified Athletic Trainers
- ___ 10. Overall work performance

PLEASE NOTE ANY COMMENTS YOU HAVE ABOUT THE ATS AND WHY YOU RATED EACH AS YOU DID. BE AS SPECIFIC IN YOUR RESPONSE AS POSSIBLE, USING EXAMPLES AS NECESSARY.

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

What do you consider to be areas that NEED IMPROVEMENT for this ATS? What suggestions do you have to assist this ATS in improving?

This evaluation of the athletic training student has been reviewed and discussed.

ACI: _____

ATS: _____

Date Reviewed: _____

Total Points: _____/100