

**MESSIAH COLLEGE
ATHLETIC TRAINING EDUCATION PROGRAM**

ATS EVALUATION OF CLINICAL AFFILIATION SITE

Name of CAS: _____ Clinical Course/Experience _____ Date _____

Student Level/Yr. _____ ATS Name _____ ATS Signature _____

The following evaluation is to be used to evaluate the ATED Program Clinical Aspects (specifically, your clinical affiliation site). Please be honest. This is one important method to help evaluate the Athletic Training Program and improve its overall effectiveness.

Evaluation Guidelines Code:

Please use the following scale as a guide and CIRCLE the appropriate response (number) for each statement to the right of each statement. If you have no basis to honestly judge or think it doesn't apply to your circumstance, circle #1.

- 5 - Very Good; Always performs optimally
- 4 - Good; Most of the time performs optimally
- 3 - Average/Acceptable; Frequently performs optimally (but not most of the time)
- 2 - Below Average/Improvement Needed; Occasionally performs optimally
- 1 - No basis to Judge/Not Applicable

*Provide specific comments as appropriate at the end of each assessment area:

- | | |
|--|------------------|
| <p>1) Provides an introduction to and an explanation-walk-through of the facilities, practice venues, contest venues, etc.
Comments:</p> | <p>5 4 3 2 1</p> |
| <p>2) Provides an introduction to medical staff, administration and other essential personnel.
Comments:</p> | <p>5 4 3 2 1</p> |
| <p>3) Makes available educational resources to the student (e.g. anatomical models, charts, texts, journals, internet/computer sources, etc.)
Comments:</p> | <p>5 4 3 2 1</p> |
| <p>4) Site provides student with review of the site's policies, procedures and plans in case of blood-borne pathogens and/or infection exposure.
Comments:</p> | <p>5 4 3 2 1</p> |
| <p>5) Site provides student with review of access/utilization of appropriate blood-borne pathogen barriers, sanitary precautions, bio hazard disposal equipment etc.
Comments:</p> | <p>5 4 3 2 1</p> |
| <p>6) Site provides review of current communicable disease policy and procedures in case of disease exposure.
Comments:</p> | <p>5 4 3 2 1</p> |
| <p>7) Site provides review of applicable electrical modalities use and electrical safeguards (e.g. GFIs).
Comments:</p> | <p>5 4 3 2 1</p> |
| <p>8) Site provides a positive clinical education & learning environment for students.
Comments:</p> | <p>5 4 3 2 1</p> |

ATS/CI/PD COMMENTS/RECOMMENDATIONS

Athletic Training Student Comments:

A) The following strengths or positive qualities of my CAS made my clinical experience/learning beneficial:

B) The following suggestions for my CAS may have made my clinical experience/learning more beneficial:

CI Name/Signature/Date: My signature below indicates I have reviewed the athletic training student's evaluation.

CI Name (print): _____ CI Signature _____ Date _____

Clinical Instructor Comments:

C) I have the following constructive comments related to the ATS's CI/Supervisor Evaluation:

D) The following comments/suggestions may help improve the clinical affiliation site/facilities for athletic training students and the athletic training education program:

E) **Course Supervisor/Program Director Comments:**

CS/PD Signature/Date: _____ / _____ Date/Rev./Filed: _____