Messiah College Athletic Training <u>Student Clinical Experience Performance Evaluation – Form C</u> <u>Clinical/Practical Course Name: ATED 291 Clinical Experience</u>

Student Name	_ Class/Level			
Clinical Instructor	Practicum Supervisor			
Clinical Assignment/Sport	Semester/Year Eval. Completed			
Point Value:	Points Earned:			
Grading Policy: This Evaluation is based on a LETTER GRA (5) point scale. Students master a skill/attribute when	ADE system. All performance areas (attributes/skills) are evaluated on a five a four (4) (B) rating is received.			
-	Sophomores) are Basic and Introductory-Level I students. Practicum II students. Clinical course students (Seniors) are Advanced-Level III			
Cognitive skills, Psychomotor Skills, and Affective Characterizations are evaluated according to the criteria/rating scale below.				
Criteria/Rating Scale:				
A = (5 pts) Excellent Skill/Behavior	Performance is exceptional (consistently exceeds expectations for level)			
B = (4 pts) Very Good Skill/Behavior	Performance is complete or at a mastery level (can immediately/appropriately adjust behavior/skill for CI if requested).			
C = (3 pts) Average Skill/Behavior	Performance is close to complete/mastery level but requires occasional instruction/correction.			
D = (2 pts or below) Unacceptable Skill/Behavior	Student must repeat/improve the skill or behavior.			
Note: In cases where a skill/attribute is not observed, give the student a scenario, problem, task/skill to perform in a hypothetical setting/situation and evaluate the performance/response.				
 Please make comments to clarify have been made. 	ratings, indicate areas for improvement, or indicate improvements that			
	nce twice during the clinical experience. The first, approximately halfway student should read and sign first, followed by the Clinical Instructor, then the or.			
Please return this form to the Practicum experience.	Supervisor within a week of the student's completion of the Practicum			

The % of Total Points and Grade Equivalents are listed below. Please indicate the student's total points when

indicated. A student must average a B or better to meet the course skill requirements.

B+....87 B....83 B-....80 C+....77 C....74

Grade %:

A....93

A-....90

ATED 291 Performance Evaluation

Page 2

Note: In cases where a skill/attribute is not observed, give the student a scenario, problem, task/skill to perform in a hypothetical setting/situation and evaluate the performance/response.

I. Personal/Professional Attributes

In each of the P/P Attributes listed, the ATS:

1. Professional Dress/Appearance (follows standard dress/appearance guidelines).

A B+ B C+ C D
Eval A: Scale: 5 4.5 4 3.5 3 2
Eval B: Scale: 5 4.5 4 3.5 3 2

Comments: Comments:

2. Communication/Interpersonal Skills (develops rapport, uses tact, relates well to athletes, staff, team personnel).

Eval A: Scale: 5 4.5 4 3.5 3 2 Eval B: Scale: 5 4.5 4 3.5 3 2

Comments: Comments:

3. Initiative (is self-motivated, performs duties/assists without being told)

Eval A: Scale: 5 4.5 4 3.5 3 2 Eval B: Scale: 5 4.5 4 3.5 3 2

Comments: Comments:

4. Dependability (is punctual, completes all duties & responsibilities)

Eval A: Scale: 5 4.5 4 3.5 3 2 Eval B: Scale: 5 4.5 4 3.5 3 2

Comments: Comments:

5. Enthusiasm (displays excitement/eagerness to work, provide care, and learn)_

Eval A: Scale: 5 4.5 4 3.5 3 2 Eval B: Scale: 5 4.5 4 3.5 3 2

Comments: Comments:

6. Professional/Ethical Conduct & Practice (maintains proper relationships, adheres to BOC code of ethics & behavioral expectations)

Eval A: Scale: 5 4.5 4 3.5 3 2 Eval B: Scale: 5 4.5 4 3.5 3 2

Comments: Comments:

7. Self-Confidence (works with self-assurance and independence)

Eval A: Scale: 5 4.5 4 3.5 3 2 Eval B: Scale: 5 4.5 4 3.5 3 2

Comments: Comments:

8. Accepts Authority/Constructive Criticism (interacts positively & cooperatively, follows chain of command, attempts instructions etc.)

Eval A: Scale: 5 4.5 4 3.5 3 2 Eval B: Scale: 5 4.5 4 3.5 3 2

Comments: Comments:

9. Organization/Planning (demonstrates effective time management, clinical experience schedule planning, etc.)

Eval A: Scale: 5 4.5 4 3.5 3 2 Eval B: Scale: 5 4.5 4 3.5 3 2

Comments: Comments:

10. Adaptation (demonstrates effective coping skills to stress/problems/challenges, etc.)

Eval A: Scale: 5 4.5 4 3.5 3 2 Eval B: Scale: 5 4.5 4 3.5 3 2

Comments: Comments:

ATED <u>291</u> Performance Evaluation Page 3

A B+ B C+ C D Scale: 5 4.5 4 3.5 3 2

Note: In cases where a skill/attribute is not observed, give the student a scenario, problem, task/skill to perform in a hypothetical setting/situation and evaluate the performance/response.

II. Athletic Training Skill Related Performances

1)	Provides quality athletic training care and services. Eval A:
	Comprehends/applies CI/Programs modality and treatment techniques. Comprehends/applies CI/Programs therapeutic exercise techniques.
	Comprehends/applies CI/Programs taping and supportive techniques.
	Comments:
	Eval B:
	Comprehends/applies CI/Programs modality and treatment techniques.
	Comprehends/applies CI/Programs therapeutic exercise techniques Comprehends/applies CI/Programs taping and supportive techniques
	Comments:
2)	Practice and Game Preparation & Management:
2)	Eval A:
	Comprehends/applies practice preparation & management tasks.
	Comprehends/applies game preparation & management tasks.
	Comments:
	Eval B:
	Comprehends/applies practice preparation & management tasksComprehends/applies game preparation & management tasks.
	Comments:
III. D	Demonstrated Strengths & Areas Needing Improvement
Direction A)	ons: Describe student strengths which helped in the quality of care provided to the program/clinical site, and that will enhance the
A)	ATS's ability at the next clinical/practicum level.
B)	Indicate skills/attributes which might limit the ATS's effectiveness at the next clinical/practicum level.
,	
C)	Indicate suggestions for areas needing improvement.
~,	

ATED <u>291</u> Performance Evaluation Page 4

IV	Signature	s/Docum	entation
1 V .	Signature	:S/DOCUII	ientation

A. Date/year the student received/reviewed/completed the clinical skill/attrib	oute evaluation:			
B. Student Signature:	. Date:			
C. Clinical Instructor Signature:	Date:			
D. Practicum Supervisor Signature:	Date:			
E. Program Director Signature:	Date:			
Note: The student signature does not necessarily mean that he/she is in agreement with the evaluation. It serves as proof that the clinical skill/attribute evaluation was reviewed with the student.				

Comments: