

MESSIAH

ATHLETIC TRAINING

Student Clinical Experience Performance Evaluation - Form B **[For ATED 346 and 348]**

Clinical/Practical Course Name: Practicum II and III in Athletic Training

Student Name: _____ **Class/Level:** Junior/Level II

Preceptor: _____ **Practicum Supervisor:** _____

Clinical Assignment: _____ **Semester/Year Evaluation Completed:** _____

Point Value: _____ **Points Earned:** _____ **Grade:** _____

Likert Scale Scoring

0 1 2 3

0= did not demonstrate skill

1= needs significant improvement

2= meets expectations

3= demonstrates mastery

I. Evaluation of Professionalism

1. Professional Dress/Appearance

Eval A: Scale: 0 1 2 3

Comments:

Eval B: Scale: 0 1 2 3

Comments:

2. Honesty & Integrity

Eval A: Scale: 0 1 2 3

Comments:

Eval B: Scale: 0 1 2 3

Comments:

3. Initiative

Eval A: Scale: 0 1 2 3

Comments:

Eval B: Scale: 0 1 2 3

Comments:

4. Self-Confidence

Eval A: Scale: 0 1 2 3

Comments:

Eval B: Scale: 0 1 2 3

Comments:

5. Interpersonal Communication with Colleagues (Preceptor, Coaches, Administration)

Eval A: Scale: 0 1 2 3

Comments:

Eval B: Scale: 0 1 2 3

Comments:

6. Interpersonal Communication with Patients

Eval A: Scale: 0 1 2 3

Comments:

Eval B: Scale: 0 1 2 3

Comments:

7. Maintains Confidentiality of Patients

Eval A: Scale: 0 1 2 3

Comments:

Eval B: Scale: 0 1 2 3

Comments:

8. Involves Patient Preference in Treatment and Care

Eval A: Scale: 0 1 2 3

Comments:

Eval B: Scale: 0 1 2 3

Comments:

9. Use of Evidence-Based Practice in Clinical Decisions

Eval A: Scale: 0 1 2 3

Comments:

Eval B: Scale: 0 1 2 3

Comments:

10. Response to Constructive Criticism

Eval A: Scale: 0 1 2 3

Comments:

Eval B: Scale: 0 1 2 3

Comments:

III. Signatures/Documentation

A. Date/year the student received/reviewed/completed the clinical skill/attribute evaluation: _____

B. Student Signature: _____ Date: _____

C. Preceptor 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: