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:  Jr./Level II

Preceptor: ___________________________  Practicum Supervisor: ___________________________

Clinical Assignment: _________________________  Semester/Year Evaluation Completed:  ___________

Point Value: _______  Points Earned: _______  Grade: _______

Likert Scale Scoring

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<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
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<td>A</td>
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<td>B</td>
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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  Eval B: Scale: 0 1 2 3
   Comments: Comments:

2. Honesty & Integrity

   Eval A: Scale: 0 1 2 3  Eval B: Scale: 0 1 2 3
   Comments: Comments:

3. Initiative

   Eval A: Scale: 0 1 2 3  Eval B: Scale: 0 1 2 3
   Comments: Comments:
4. Self-Confidence
   Eval A: Scale: 0 1 2 3
   Eval B: Scale: 0 1 2 3
   Comments:

5. Interpersonal Communication with Colleagues (Preceptor, Coaches, Administration)
   Eval A: Scale: 0 1 2 3
   Eval B: Scale: 0 1 2 3
   Comments:

6. Interpersonal Communication with Patients
   Eval A: Scale: 0 1 2 3
   Eval B: Scale: 0 1 2 3
   Comments:

7. Maintains Confidentiality of Patients
   Eval A: Scale: 0 1 2 3
   Eval B: Scale: 0 1 2 3
   Comments:

8. Involves Patient Preference in Treatment and Care
   Eval A: Scale: 0 1 2 3
   Eval B: Scale: 0 1 2 3
   Comments:

9. Use of Evidence-Based Practice in Clinical Decisions
   Eval A: Scale: 0 1 2 3
   Eval B: Scale: 0 1 2 3
   Comments:

10. Response to Constructive Criticism
    Eval A: Scale: 0 1 2 3
    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: 10/4/2018