Lab ACI Evaluation of Student

Athletic Training Student Clinical Lab Evaluation

Name _____ Date _____

Approved Clinical Instructor _____ Date _____

Clinical Supervisor(s) _____ Date _____

Clinical Site _____ Date _____

Academic Course _____ Academic Course _____

Directions: Please evaluate the athletic training students **psychomotor and affective skills** using the following criteria based upon the established ATEP expectations for their clinical level.

0= nobasis for evaluation
1(poor)-little or no skill
2 (fair)-skills less than others at this level
3 (average)-skills consistent with those at this level
4 (good)-skills better than most at this level
5 (excellent)-skills above those at this level

Attendance	STUDENT	PEER	INSTRUCTOR
Punctual			
Attitude			
Attempts to improve clinical skills			
Demonstrates initiative to learn			
Completes assigned check-offs			
Accepts criticism well			
Professionalism			
Knowledge of supplies and use			
Knowledge of equipment and use			
Uses open lab time well			
Completion of Field Experience Hours			
Total completed to date _____ **Score**			
Level Specific Proficiency Performance			
Tape and wrapping			
General Medical			
Physician Desk Reference			
Protective Equipment (Helmet and Shoulder Pads)			
Evaluation/Assessment skills			
Lower Extremity Palpations			
Lower Extremity Special Tests			
Lower Extremity Range of Motion			
Upper Extremity Palpations			
Upper Extremity Special Tests			
Upper Extremity Range of Motion			
Cranial Nerves			
Upper and Lower Extremity Peripheral Nerves			

Level Specific Proficiency Performance	STUDENT	PEER	INSTRUCTOR
Lower Extremity Neurological Assessment	_____	_____	_____
Abdominal Quadrants	_____	_____	_____
Therapeutic Modalities	_____	_____	_____
Therapeutic Rehabilitation	_____	_____	_____
Risk Management	_____	_____	_____
Research/Projects	_____	_____	_____
Reserach Articles	_____	_____	_____
Completed appropriate sections Modular Book	_____	_____	_____
Portfolio	_____	_____	_____
Video(s)	_____	_____	_____
Evaluation documents (see appendices)	_____	_____	_____
Total Score	_____	_____	

Identify the athletic training student's STRENGTH. (Characteristics that will enhance their ability as an athletic trainer. Include behavior qualities as well knowledge)

_____

_____

_____

Identify the athletic training student's WEAKNESSES (Identify weaknesses and provide suggestions for improvement, which will enhance the athletic training student's ability as an athletic trainer)

_____

_____

_____

Other comments:

_____

_____

_____

_____
Lab Instructor/Date

_____
Athletic Training Student/Date

_____
Reviewed by Program Director/Date