



Michigan State University Athletic Training Education Program
Athletic Training Student Self Evaluation

Clinical Rotation Goals Sheet (Complete at mid-semester and end of semester clinical rotation)
*****Please return to the ATP Clinical Education Coordinator at the end of the term**

Name: _____ Date: _____

Level: _____

Preceptor: _____

***Long Term Professional Setting /Goals:**

Midterm or End of Semester / Fall or Spring Semester (please circle appropriate terms) 2016-17 Rotation:

- I. (Please complete this section and meet with your Preceptor at the beginning of the term and return to Clinical Education Coordinator within the first week of the Semester)**

I believe the clinical skill proficiencies/professional attributes that I need to develop/improve upon during this upcoming clinical rotation are:

1.

2.

3.

For each item listed above, state how you will plan to implement on improving within these areas

- 1.
- 2.
- 3.

I learned/improved and became more proficient on the following clinical professional skills/professional attributes last semester.

- 1.
- 2.
- 3.

Athletic Training Student _____ Date _____

Preceptor _____ Date _____

Athletic Training Student Self-Evaluation (Complete at Mid-Semester/Final Semester Evaluation). Please respond to your present and appropriate athletic training student level. Rating scale:

5 (Excellent) – Performs duties/skills extremely well and consistent, very professional, for my current KIN 427 level

4 (Above average) – Performs duties/skills better than average in professional manner, above average consistency for a KIN 427 ATS

3 (Average) – Performs duties/skills as well as expected for my KIN 427 level, minimum Preceptor intervention and correction to perform

2 (Below average) – Performs duties/skills at unsatisfactory or below the average level for a KIN 427 ATS, constant intervention and correction from Preceptor

1 (Deficient) – Needs remedial support assistance in this area, needs constant correction, limited improvement for a KIN 427 ATS

NA (Not applicable) – Did not perform this duty/skill or has not acquired skill yet

Please rate, circle, and define (support or give specific situations) the following statements according to your current KIN 427 skill level. Please be reflective, honest, and in a self reflective model! (Line 1 is midterm/Line 2 is Final)

A.

- Rate and Define: Is punctual and prompt for all scheduled clinical/classes

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Demonstrates professional appearance/dress

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Demonstrates professional conversations/relationships with athletes/patients

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Demonstrates acceptance to constructive professional criticism

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Shows initiative in daily clinical tasks and duties

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Demonstrates a cultural acceptance/competence for personal differences or biases in others

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Maintains clean working environment medical environment

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Maintains an alertness/focus/preparedness at practices and games

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Maintains patient confidentiality

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

B.

- Rate and Define: Demonstrates support, loyalty, and development of MSU Athletic Training Program

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Demonstrates a willingness to cooperate and assist other athletic training students

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Demonstrates a willingness, eagerness and enthusiasm about learning in regards to clinical skills and assignment.

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Demonstrates ethical, moral, and professional attitudes within the Athletic Training Facilities

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Willingly accepts change and new challenges within clinical setting

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Demonstrates an ability to act in calm and non-stressful demeanor

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

C.

- Rate and Define: Demonstrates appropriate communication with your preceptor

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Uses respectful tone, non-arrogant attitudes, appropriate body language with other KIN 427 ATS and KIN 227 students.

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Your current professional development as an athletic training student

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Displays appropriate confidence and boundaries for current KIN 427 skill level

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Effectively balances academics & KIN 427 clinical rotations

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Your opportunity within your clinical assignment site to integrate your academic knowledge to KIN 427 clinical experiences

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

D.

- Rate and Define: Demonstrates proficiency in clinical skills at current KIN 427 level

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Demonstrates an understanding and knowledge of Anatomy

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Demonstrates an understanding and application of Lower Body Evaluations.

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Demonstrates a knowledge and application of Upper Body Evaluations

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Demonstrates a knowledge and application level of Modalities

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- Rate and Define: Demonstrates and knowledge of Lower Body Rehabilitation skills.

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- **Rate and Define: Demonstrates knowledge and application of Upper Body Rehabilitation skills**
Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

- **Rate and Define: Demonstrates knowledge and application of Emergency Medicine Skills**

Midterm 5 4 3 2 1 N/A

Final 5 4 3 2 1 N/A

2. *****

- **List three athletic training professional/personal areas which you could improve upon over the second half of the semester or the next semester.**

Mid-Semester:

Final: End of Semester:

- **List three positive traits/strengths you exhibited in this past clinical rotation.**

Mid-Semester:

Final: End of Semester:

- **Mid- Semester:**
Additional Comments: Did you achieve your goals and/or expectations/ Why or why not?

- **Final: End of Semester:**
Additional Comments: Did you achieve your goals and/or expectations/ Why or why not?

Athletic Training Student Printed Name: _____

❖ **(Mid-Semester)**

Athletic Training Student Signature _____ **Date:** _____

Preceptor Signature: _____ **Date:** _____

❖ **(Final: End of Semester)**

Athletic Training Student Signature _____ **Date:** _____

Preceptor Signature: _____ **Date:** _____