



**Michigan State University**  
**Athletic Training Education**  
 KIN 427 IA Fall Semester Student Evaluation

Athletic Training Student: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

**Key:** Please evaluate the student for the following skills using the scale listed below:

- 5 (Excellent)** – Performs duties/skills well above average and consistent, very professional
- 4 (Above Average)** – Performs duties/skills better than average in a professional manner
- 3 (Average)** – Performs duties/skills as well as expected for current level, minimum Preceptor intervention needed to perform
- 2 (Below Average)** – Performs duties/skills at unsatisfactory level, constant supervision from preceptor recommended.
- 1 (Deficient)** – Needs remedial support and continuous improvement recommended in this area
- NA (Non-applicable)** – Preceptor did not observe this duty/skill or ATS has not acquired skill at this moment

**A.**

<b>Professional Responsibilities</b>	<b>Mid-Semester</b>	<b>End of Semester</b>
Does AT Student:		
Show up on time/punctual	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Dress appropriately/ appearance/ wear name tag	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Maintain schedule with Preceptor	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Demonstrate professional honesty integrity, and ethics	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Conduct professional conversations in athletic training room	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Meet clinical expectations with reliability in completion of tasks	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Demonstrate professionalism with athletes	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Follow handbook policies and procedures	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Demonstrate initiative with clinical duties	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Demonstrate a willingness to learn and ask questions	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_/50

\_\_\_\_/50

**B.**

<b>Interpersonal Skills</b>	<b>Mid-Semester</b>	<b>End of Semester</b>
Does AT Student:		
Willingly accept change while demonstrating flexibility in the clinical setting	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Willingly receive and utilize constructive professional criticism	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Demonstrate a positive and cooperative attitude towards athletic training	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Work cooperatively and respectful of other athletic training students	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Seek out tasks/opportunities, works independently	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_/25

\_\_\_\_/25

**C.**

<b>Communication/Improvement Skills</b>		
Does AT Student:		
Communicate daily with Preceptor	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Exhibit confidence with knowledge and skills	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Demonstrate appropriate communication with other health care professionals	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Accept responsibility in professional and extra-curricular obligations	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Use a respectful tone with questioning, timing of question is appropriate, non-offensive, non-arrogant	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_/25

\_\_\_\_/25

**Professional/Personal/Integrity Skills:**

\_\_\_\_/100

\_\_\_\_/100

## D.

### Professional Clinical Skills

**Key:** Please evaluate the student for the following clinical skills using the scale listed below. Please rate the athletic training student for their expected required skill level:

***\*\*Please describe and provide written comments on the specific observed deficiencies for each potential clinical skill observed within your clinical setting and listed.***

- **5 (Excellent)** – Athletic training student is proficient enough to perform skill independently. ATS confers with the preceptor when appropriate for validating decision making. The ATS is able to perform this skill safely, consistently, and independently. The student exceeds the standard.
- **4 (Above Average)** – Athletic training student is competent, however, not proficient enough to perform skill independently. ATS seeks minimal advice from preceptor. The ATS is competent and needs minimal guidance from the preceptor. The student meets the standard, however, not yet consistent or fully independent.
- **3 (Average)** - Athletic training student requires close supervision from the preceptor in practicing and performing skill. However, with proper guidance, practice, and integration of skill, able to complete an average amount of the time. The ATS needs periodic verbal cuing and physical assistance from the preceptor. The student is progressing toward the standard, demonstrating partial skills, knowledge, with a lack of consistency.
- **2 (Below Average)** - Athletic training student requires constant clinical supervision from the preceptor in performing and practicing clinical skill. ATS cannot accomplish the task without direction from the preceptor or clinical instructor. The student demonstrates little progress or consistency in meeting the standard.
- **1 (Deficient)** – Athletic training student requires constant clinical supervision and instruction from the preceptor. Continuous remedial instruction and support needed. No consistency. Student is unable to grasp and complete concept and task in clinical setting. No progress towards meeting standard.
- **N/A – (Not Applicable/Not Observed)** Preceptor did not observe this duty/skill.

<b>Emergency Action Plan (EAP) Awareness</b>	Mid-Semester	End of Semester
Does the ATS:		
Describe, communicate, and practice the <b>EAP</b> and role in planning process	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_\_ /5                      \_\_\_\_\_ /5

**Comments:** \_\_\_\_\_ .

\_\_\_\_\_ .

\_\_\_\_\_ .

<b>ORCBS/Blood Borne Pathogen Awareness</b>	Mid-Semester	End of Semester
Does the ATS:		
Describe and implement prescribed <b>ORCBS Policy</b> on a consistent basis	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_\_ /5                      \_\_\_\_\_ /5

**Comments:** \_\_\_\_\_ .

\_\_\_\_\_ .

\_\_\_\_\_ .

<b>Emergency Splinting</b>	Mid-Semester	End of Semester
Does the ATS:		
Describe and actively implement proper usage of <b>splinting</b> for emergency situations	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_\_ /5                      \_\_\_\_\_ /5

**Comments:** \_\_\_\_\_ .

\_\_\_\_\_ .

\_\_\_\_\_ .

<b>Static Stretching</b>	Mid-Semester	End of Semester
Does the ATS:		
Describe and implement the proper usage and techniques of various <b>stretching exercises</b>	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_/5                      \_\_\_\_/5

**Comments:** \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

<b>Taping/Wrapping</b>	Mid-Semester	End of Semester
Does the ATS:		
Implement proper techniques and application for specific situations with various <b>taping/wrapping</b> protocols	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_/5                      \_\_\_\_/5

**Comments:** \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

<b>Environmental Awareness</b>	Mid-Semester	End of Semester
Does the ATS:		
Discuss and implement proper <b>environmental protocols</b> conducive to clinical setting	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_/5                      \_\_\_\_/5

**Comments:** \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

<b>Health Care Vitals/Physical Intakes</b>	<b>Mid-Semester</b>	<b>End of Semester</b>
Does the ATS:		
Describe and implement proper <b>Vital Sign Intakes</b> procedures	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_/5

\_\_\_\_/5

**Comments:** \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

<b>Health Care Administration/SIMS</b>	<b>Mid-Semester</b>	<b>End of Semester</b>
Does the ATS:		
Understand implementation procedures and protocols for <b>SIMS health care administration</b>	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_/5

\_\_\_\_/5

**Comments:** \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

<b>D. Clinical Skills:</b>	____/40	____/40
<b>E. Preceptor Global Score:</b>	____/100	____/100

- *The Preceptor will assign a numerical global score reflecting on the athletic training student's semester's total evaluation. This score is out of 100 points.*

### TOTALS

**Midterm:** A: \_\_\_\_\_ B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_ E: \_\_\_\_\_ **Totals:** \_\_\_\_\_/240

**End of Term:** A: \_\_\_\_\_ B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_ E: \_\_\_\_\_ **Totals:** \_\_\_\_\_/240

**Totals:** \_\_\_\_\_/480

**In the following areas, please specify characteristics of the athletic training student:**

**AREAS OF STRENGTH**

**Midterm**

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**Final**

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**AREAS OF IMPROVEMENT**

**Midterm**

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**Final**

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**OTHER COMMENTS/RECOMMENDATIONS**

**Midterm**

**Final**

**Did the athletic training student meet his/her goals for this clinical rotation?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Discuss:**

**Midterm:**

**Athletic Training Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preceptor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Final:**

**Athletic Training Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preceptor:** \_\_\_\_\_ **Date:** \_\_\_\_\_