



**Michigan State University**  
**Athletic Training Education**  
 KIN 427 IB Spring Semester Student Evaluation

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

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

- 5 (Excellent)** – Performs duties/skills extremely well 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 in this area prior to advancing in the clinical education setting
- 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/ wears 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

Demonstrate a strong work ethic on a daily basis	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Demonstrate attentiveness to needs of all athletes and facilities, changes behavior to fit situation	N/A 1 2 3 4 5	N/A 1 2 3 4 5
	____/60	____/60

**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 with other athletic training students	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Seeks out tasks/opportunities, works independently	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Demonstrate proper and appropriate demeanor and rapport with coaches, patients, AT staff, and medical staff	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Demonstrates a focused, non-stressful professional attitude during multi-tasking opportunities	N/A 1 2 3 4 5	N/A 1 2 3 4 5
	____/35	____/35

**C.**

<b>Communication/Improvement Skills</b>		
Does AT Student:		
Communicate daily with clinical Instructor/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

Seem interested in what others are saying, is not distracted when communicating with others	N/A 1 2 3 4 5	N/A 1 2 3 4 5
	____/30	____/30

<b>Professional/Personal/Integrity Skills:</b>	____/125	____/125
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**D.**

<b>Professional Clinical Skills</b>
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**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 proficient enough to perform skill independently. ATS confers with the preceptor when appropriate for validating decision making. The ATS is able to practice and perform this skill safely, consistently, and independently. The student exceeds the standard.
- **4 (Above Average)** – Athletic training student 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 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 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>Modalities (Hot, Cold, Electrical, Soundwave, Compression Devices)</b>	Mid-Semester	End of Semester
Does the ATS:		
Describe and Implement Proper <b>Modality Indications and Contraindications</b> w/Patient	N/A 1 2 3 4 5	N/A 1 2 3 4 5
	___/5	___/5

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

\_\_\_\_\_.

\_\_\_\_\_.

<b>Modalities (Hot, Cold, Electrical, Soundwave, Compression Devices)</b>	Mid-Semester	End of Semester
Does the ATS:		
Describe and Implement Proper <b>Modality Protocol Usage</b>	N/A 1 2 3 4 5	N/A 1 2 3 4 5
	___/5	___/5

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

\_\_\_\_\_.

\_\_\_\_\_.

<b>Emergency Response: (Splinting, Spine Boarding, Emergency Oxygen, Airway Adjuncts, Glucometer, Pulse Oximeter, Rectal Temperature)</b>	Mid-Semester	End of Semester
Does the ATS:		
Recognize and Understand <b>Proper Selection</b> of Emergency Equipment	N/A 1 2 3 4 5	N/A 1 2 3 4 5
	___/5	___/5

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

\_\_\_\_\_.

\_\_\_\_\_.

<b>Emergency Response: (Splinting, Spine Boarding, Emergency Oxygen, Airway Adjuncts, Glucometer, Pulse Oximeter, Rectal Temperature)</b>	Mid-Semester	End of Semester
Does the ATS:		
Complete Proper Safe and Effective <b>Implementation</b> of Equipment	N/A 1 2 3 4 5	N/A 1 2 3 4 5
	___/5	___/5

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

\_\_\_\_\_.

\_\_\_\_\_.

<b>Lower Body Evaluation (Ankle, Knee, Hip, Pelvis)</b>	Mid-Semester	End of Semester
Does the ATS:		
Recognize Presentation of <b>Signs and Symptoms</b> Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5
	___/5	___/5

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

\_\_\_\_\_.

\_\_\_\_\_.

<b>Lower Body Evaluation (Ankle, Knee, Hip, Pelvis)</b>	Mid-Semester	End of Semester
Does the ATS:		
Performs and Communicates <b>Bony And Soft Tissue Palpations</b> Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5
	___/5	___/5

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

\_\_\_\_\_.

\_\_\_\_\_.

<b>Lower Body Evaluation (Ankle, Knee, Hip, Pelvis)</b>	Mid-Semester	End of Semester
Does the ATS:		
Performs and Describes the Proper Usage of <u>Special Tests</u> Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5
	___/5	___/5

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

\_\_\_\_\_.

\_\_\_\_\_.

<b>Lower Body Evaluation (Ankle, Knee, Hip, Pelvis)</b>	Mid-Semester	End of Semester
Does the ATS:		
Perform and Understands Usages of <u>Goniometry</u> Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5
	___/5	___/5

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

\_\_\_\_\_.

\_\_\_\_\_.

<b>Lower Body Evaluation (Ankle, Knee, Hip, Pelvis)</b>	Mid-Semester	End of Semester
Does the ATS:		
Perform and Describes the Proper Usage of <u>Range of Motion</u> Testing Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5
	___/5	___/5

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

\_\_\_\_\_.

\_\_\_\_\_.

<b>Lower Body Evaluation (Ankle, Knee, Hip, Pelvis)</b>	Mid-Semester	End of Semester
Does the ATS:		
Perform and Describes the Proper Usage of <u>Manual Muscle Testing</u> Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5
	___/5	___/5

\_\_\_/5      \_\_\_/5

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

\_\_\_\_\_.

\_\_\_\_\_.

<b>Lower Body Evaluation</b>	Mid-Semester	End of Semester
Does the ATS:		
<b>Communicates</b> Evaluation Findings to Preceptor and Patient Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_/5

\_\_\_\_/5

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

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

<b>Health Care Administrative/SIMS</b>	Mid-Semester	End of Semester
Does the ATS:		
Incorporate the Usage of <b>Injury</b> and <b>Treatment</b> Records Effectively into SIMS	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_/5

\_\_\_\_/5

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

\_\_\_\_\_.

\_\_\_\_\_.

<b>Emergency Action Plan (EAP) Awareness</b>	Mid-Semester	End of Semester
Does the ATS:		
<b>Review, Communicate, and Activate</b> the EAP Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5

\_\_\_\_/5

\_\_\_\_/5

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

\_\_\_\_\_.

\_\_\_\_\_.

<b>D. Clinical Skills:</b>	____/ 65	____/65
<b>E. Preceptor Global Score</b>	____/100	____/100

- *The Preceptor will assign a numerical 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:** \_\_\_\_\_/290

**End of Term:** A: \_\_\_\_\_ B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_ E: \_\_\_\_\_    **Totals:** \_\_\_\_\_/290

**Totals:** \_\_\_\_\_/580

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

**AREAS OF STRENGTH**

**Midterm**

**Final**

**AREAS OF IMPROVEMENT**

**Midterm**



**Final**

**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:** \_\_\_\_\_