



**Michigan State University**  
**Athletic Training Education**  
 KIN 427 IIA 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 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/ 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 and integrity	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
Receive and utilize constructive criticism	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	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Demonstrate a professional dedication to the KIN 427 clinical experience	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Demonstrate a respect for personal differences, tolerance, and shares no personal biases	N/A 1 2 3 4 5	N/A 1 2 3 4 5
Maintains patient confidentiality, appropriate at all times discussing patient information with preceptor, coach, and medical staff	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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**B.**

<b>Interpersonal Skills</b>	<b>Mid-Semester</b>	<b>End of Semester</b>
Does AT Student:		
Willingly accepts 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
Seek 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
Willingly accept new challenges, open to new experiences, and able to be influenced educationally	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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\_\_\_\_/40

**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 and appropriate boundaries 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 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
Able to think through steps independently and move toward autonomous decision making opportunities, self-directed in tasks	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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<b>Professional/Personal/Integrity Skills:</b>	____/150	____/150
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## 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 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 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>Health Care Administrative/Legal Issues</b>	Mid-Semester	End of Semester
Does the ATS:		
Describe and Complete the Necessary <b>SIMS Documentation</b> /Insurance Data, Injury Reporting, Treatment And Calendar Entries	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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

**Comments:** \_\_\_\_\_  
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<b>Psychological Issues</b>	Mid-Semester	End o Semester
Does the ATS:		
Demonstrate Ability to Recognize <b>At-Risk Individuals with Psychological Disorders and/or Mental Health Emergencies</b>	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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

**Comments:** \_\_\_\_\_  
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<b>Emergency Action Plan (EAP) Preparedness</b>	Mid-Semester	End of Semester
Does the ATS:		
Review, Communicate, and Implement the <b>EAP</b> Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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

**Comments:** \_\_\_\_\_  
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<b>Upper Body Evaluation</b>	Mid-Semester	End of Semester
Does the ATS:		
Recognize Presentation of <b><i>Signs and Symptoms</i></b> Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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

**Comments:** \_\_\_\_\_  
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Upper Body Evaluation	Mid-Semester	End of Semester
Does the ATS:		
Performs and Communicates <b><i>Bony and Soft Palpations</i></b> Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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\_\_\_\_/5

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

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Upper Body Evaluation	Mid-Semester	End of Semester
Does the ATS:		
Performs and Describes the Proper Usage of <b><i>Special Tests</i></b> Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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\_\_\_\_/5

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

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Upper Body Evaluation	Mid-Semester	End of Semester
Does the ATS:		
Perform and Describe Usages of <b><i>Goniometry</i></b> Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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

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Upper Body Evaluation	Mid-Semester	End of Semester
Does the ATS:		
Perform and Describes the Proper Usage of <b><i>Range of Motion</i></b> Testing Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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\_\_\_\_/5

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

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<b>Upper Body Evaluation</b>	Mid-Semester	End of Semester
Does the ATS:		
Perform and Describes the Proper Usage of <b><i>Manual Muscle Testing</i></b> Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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

**Comments:** \_\_\_\_\_  
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<b>Upper Body Evaluation</b>	Mid-Semester	End of Semester
Does the ATS:		
<b><i>Communicates Evaluation Findings</i></b> To Preceptor and Patient Effectively	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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

**Comments:** \_\_\_\_\_  
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<b>Rehabilitation: Upper/Lower Body</b>	Mid-Semester	End of Semester
Does the ATS:		
Discuss and Implement <b>Range of Motion</b> Exercises	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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

**Comments:** \_\_\_\_\_  
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<b>Rehabilitation: Upper/Lower Body</b>	Mid-Semester	End of Semester
Does the ATS:		
Discuss and Implement <b>Strengthening</b> Exercises	N/A 1 2 3 4 5	N/A 1 2 3 4 5

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

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