**University of Mobile**
**Athletic Training Education Program**
**Student Evaluation by ACI/ CI**
**HPES 225 (Lower Extremity Intensive)**

Athletic Training Student: _____ Midterm or Final Eval (circle one)
Clinical Experience Site: _____

Dates of Clinical Experience: _____ to _____ (mth and yr)

ACI/ CI: _____

- Directions for completing this form: the ACI/ CI will please respond to the following items regarding the Athletic Training student's (ATS) performance during the clinical experience utilizing the Likert Scale as follows:

| | | |
|---|---|---|
| **4 =** | **Outstanding-** | **Demonstrates skills above expectations for this level** |
| **3=** | **Good-** | **Meets expectations for this level** |
| **2=** | **Average-** | **Skill mastery and performance average for this level** |
| **1=** | **Unacceptable -** | **Skill and performance level is below average for this level and may show serious deficiencies** |

**I. Performance Evaluation:**

1). Time line- ATS is on time and remains until assignments are complete.
**4 3 2 1**

2). Professional appearance- ATS student dresses appropriately for clinical experience.
**4 3 2 1**

3). ATS follows directions and does not exceed instructions.
**4 3 2 1**

4). ATS completes tasks as assigned.
**4 3 2 1**

5). ATS demonstrates an initiative to learn.
**4 3 2 1**

6). ATS has learned and follows clinical site policies and procedures.
**4 3 2 1**

7). ATS demonstrates knowledge of use and respect of clinical site supplies and equipment.
**4 3 2 1**

8). ATS demonstrates effective communication skills.
**4 3 2 1**

9). ATS demonstrates a positive professional attitude in the clinical setting.
**4 3 2 1**

Specific to this course, has the athletic training student learned, reviewed, practiced, utilized, and been evaluated on the following:
Enter L for learned, R for reviewed, P for practices, U for utilized, and E for evaluated.

10). Taping and wrapping of lower extremities
**4 3 2 1**

11). Bracing of lower extremities
**4 3 2 1**

12). Splinting of lower extremities
**4 3 2 1**

13). Vital signs of measurement
**4 3 2 1**

14). Initial lower extremity injury evaluation and treatment
**4 3 2 1**

15). Knowledge and use of therapeutic modalities use on lower extremities
**4 3 2 1**

16). Knowledge and use of rehabilitation techniques for the lower extremities
**4 3 2 1**

**II. Narrative Section:**

17). Identify the athletic training student's strengths.

18). Recommendation for improvement of the athletic training student.

**III. Evaluation Summary:**

19). Has this student made satisfactory progress and improved skills during this clinical experience.
**YES NO**

20). Has this athletic training student met clinical experience site expectations.
**YES NO**

21). Has this athletic training student demonstrated competence at his/her respective level.
**YES NO**

All letter grades for clinical experiences for University of Mobile Athletic Training Education courses are assigned by University of Mobile faculty. However, if you were asked what letter grade would accurately depict this athletic training student's performance during this clinical experience, what grade would be appropriate in your opinion? _____

| | |
|---|---|
| _____ | _____ |
| Athletic Training Student | Date |
| _____ | _____ |
| ACI | Date |
| _____ | _____ |
| Program Director | Date |

- This is only a useful evaluation tool if it is discussed in detail with the student regarding their strengths and weaknesses. Several problems can be alleviated by just sitting down with the student after midterm evaluations and reviewing this form.