University of Mobile
Athletic Training Education Program
Athletic Training Student Evaluation of Clinical Experience

Date: _____

Athletic Training Student: _____

Clinical Experience Course: HPES _____

Clinical Experience Site: _____

ACI: _____

Please respond to the following statements regarding your clinical experience using the Likert Scale as follows:

5 Always
4 Almost Always
3 Often
2 Occasionally
1 Seldom

1. The clinical experience provided me with a positive learning experience:
   5 4 3 2 1

2. The supplies and equipment at the clinical site were sufficient to provide me the opportunity to practice athletic training skills:
   5 4 3 2 1

3. The experiences I had during my clinical experience course reinforced knowledge and skills learned in the classroom at the University of Mobile:
   5 4 3 2 1

4. The emergency plan, protocols and procedures at my clinical experience site were explained to me adequately during my initial orientation period:
   5 4 3 2 1

5. There was adequate exposure to various athletic activities at this site including high risk sports:
   5 4 3 2 1

Narrative Questions

1. The strengths of this clinical experience site are:

2. The weaknesses of this clincal experience site are:

The University of Mobile Athletic Training Education Program should continue to use this site for clinical experiences

Yes No

Evaluation of Approved Clinical Instructor

1. The ACI is a positive role model for athletic training students:
   5 4 3 2 1

2. The ACI cares about athletic training student learning in the clinical setting:
   5 4 3 2 1

3. The ACI communicates effectively with the athletic training student:
   5 4 3 2 1

4. The ACI challenges the athletic training student to improve his/her skills:
   5 4 3 2 1

5. The ACI respects athletic training students:
   5 4 3 2 1

_____ _____
Athletic Training Student Date

_____ _____
Program Director, University of Mobile Date