Huntingdon College  
Athletic Training Education Program  

**Student’s Assessment of Clinical Instruction**

A. **Purpose**  
The purpose of this form is to assist in the assessment of the student’s clinical education experience. The purpose of the assessment is to gain information relative to the student’s learning experiences during the clinical experiences. The assessment will also assist in gaining information relative to the effectiveness of clinical instruction. All information will be kept confidential.

B. **Identification of the Setting**

Type of clinical education setting:  
- [ ] College Athletic Training Facility  
- [ ] High School Athletic Training Facility  
- [ ] Community-based Health Care Facility

Name of institution / setting:  
____________________________________

Name of clinical instructor  
____________________________________

Clinical Course No. **and**  
semester / year  
____________________________________

The athletic training student is to complete the following questions relative to the clinical education experience and clinical instruction. After completing the form, return the form to the program director. Your responses to the questions will be kept confidential.

Use the following scale to respond to each question:  
**0 - Never  1 - Sometimes  2 - Most times  3 - All the time  NA - Not Applicable**

**DID YOUR CLINICAL INSTRUCTOR…**

1. demonstrate an understanding of your education level and education needs?  
0 1 2 3 NA

2. demonstrate a willingness to answer your questions?  
0 1 2 3 NA

3. take time to adequately explain answers to your questions?  
0 1 2 3 NA

4. demonstrate an interest in your learning experience?  
0 1 2 3 NA

5. demonstrate a willingness to address your individual needs  
0 1 2 3 NA

6. demonstrate appropriate communication skills (written, verbal)?  
0 1 2 3 NA
7. take the time to instruct you in the operation of unfamiliar therapeutic modalities? 0 1 2 3 NA

8. take the time to instruct you in the performance of unfamiliar therapeutic exercises? 0 1 2 3 NA

9. take the time to instruct you in the performance of unfamiliar evaluation techniques and/or assessment procedures? 0 1 2 3 NA

10. Where you given adequate opportunities to demonstrate proficiency of clinical skills? 0 1 2 3 NA

11. How frequently did you receive feedback on your clinical performance?
   ___  Daily  ___  Weekly  ___  Midway  ___  At End

12. What is your overall rating of the effectiveness of clinical instruction?
   1  Not Effective - a waste of time.
   2  Somewhat Effective - learned a few things.
   3  Effective - learned a lot, but could have used more assistance.
   4  Very Effective - a great experience.

Comments:
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