Huntingdon College Athletic Training Education Program  
Evaluation of **ATHT 314 Clinical Experience By Clinical Instructor**

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<th>Student: _________________________________</th>
<th>Date: ____________</th>
<th>Semester: Fall, 20__</th>
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<tr>
<td>Clinical Site: ___________________________</td>
<td>Cert. No.: _________</td>
<td>State Lic. No.: _____________</td>
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<td>Clinical Instructor: ________________________</td>
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**Rating Scale**

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<th>Score</th>
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| 4     | Excellent  
Student performs the level of expected duty 95% of the time or more, and  
demonstrates the level of skill above required standard. |
| 3     | Above Satisfactory  
The student performs the level of expected duty 90-95% of the time, and  
demonstrates the level of skill at the required standard. |
| 2     | Satisfactory  
The student performs the level of expected duty 80-90% of the time, and  
demonstrates the level of skill at the required standard. |
| 1     | Below Satisfactory  
The student performs the level of expected duty 70-80% of the time, and  
demonstrates the level of skill at the required standard. |
| 0     | Unsatisfactory  
The student performs the level of expected duty less than 70% of the time,  
and/or fails to demonstrate the level of skill at the required standard. |

**Professional Development**

1. The student is **prompt and punctual** for scheduled clinical assignments.  
   MID: ___  FINAL: ___ |
2. The student **dresses appropriately** for scheduled clinical assignments.  
   MID: ___  FINAL: ___ |
3. The student **communicates well** with the athletic training staff regarding  
his/her schedule and any problems that might arise.  
   MID: ___  FINAL: ___ |
4. The student **abides by the rules and regulations** of the athletic training facility.  
   MID: ___  FINAL: ___ |
5. The student **demonstrates a positive rapport with athletes.**  
   MID: ___  FINAL: ___ |
6. The student **takes the initiative and a willingness to learn.**  
   MID: ___  FINAL: ___ |
7. The student **helps maintain a clean and neat athletic training room.**  
   MID: ___  FINAL: ___ |
8. The student **demonstrates a willingness and ability to follow directions.**  
   MID: ___  FINAL: ___ |
9. The student **respects the profession** of athletic training and the staff  
of the athletic training program.  
   MID: ___  FINAL: ___ |

Total Score  
MID: ___  FINAL: ___

**Improvements in Clinical Skills and Techniques**

1. The student demonstrates improvement with **conducting a primary and secondary injury survey.**  
   MID: ___  FINAL: ___ |
2. The student demonstrates improvement with **triaging the injured athlete**,  
   utilizing **emergency splinting and transporting** techniques.  
   MID: ___  FINAL: ___ |
3. The student demonstrates improvement with **taking a medical history** and  
   **identifying primary and secondary** complaints.  
   MID: ___  FINAL: ___ |
4. The student demonstrates improvement with **LE pathologies** and  
   common athletic injury evaluation.  
   MID: ___  FINAL: ___ |
5. The student demonstrates improvement in selection and use of **therapeutic modalities.**  
   MID: ___  FINAL: ___ |
6. The student demonstrates improvement in **ability to assist** with the **rehabilitation**  
   of common athletic injuries.  
   MID: ___  FINAL: ___ |
7. The student demonstrates improvement in utilizing correct **verbal and written medical terminology.**  
   MID: ___  FINAL: ___ |
8. The student demonstrates improvement in **construction of SOAP notes with**  
   assistance from clinical instructor.  
   MID: ___  FINAL: ___ |
9. The student demonstrates improvement in **evaluation and assessment of**  
   injuries to the **hip/pelvis, thigh, knee, lower leg, ankle/foot and general medical conditions.**  
   MID: ___  FINAL: ___ |
10. The student demonstrates improvement in **evaluation and assessment of injuries to the head/face, shoulder, elbow, wrist, hand/fingers.**  
    MID: ___  FINAL: ___ |
11. The student demonstrates improvement in **integrating all of the above in the practice of athletic training.**  
    MID: ___  FINAL: ___ |

Total Score  
MID: ___  FINAL: ___

**OVERALL SCORE**  /80  /80
Comments:

List specific skills the student has performed throughout the clinical experience:

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List specific skills the student needs to work to improve:

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List suggestions on how the student can make improvements with his/her skills:

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Student’s Signature: __________________________ Date: ___/___

Clinical Instructor’s Signature: __________________________ Date: ___/___

Program Coordinator’s Signature: __________________________ Date: ___/___

This document will be placed in the student’s program file in the office of the Program Coordinator.