Huntingdon College
Athletic Training Education Program
Assessment of the Clinical Education Setting
Student Form

A. Purpose
The purpose of this form is to assist in the evaluation of the clinical education setting for athletic training.

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
____________________________________________________________________________

Clinical Course No. and semester / year
____________________________________________________________________________

The athletic training student is to complete the following questions relative to the clinical education setting. After completing the form, return the form to the Program Director.

1. Were you given adequate orientation to the operation of the facility and staff? Yes No

2. Were you given adequate orientation to the policies and procedures of the facility? Yes No

3. Were you given adequate orientation to the handling of biohazardous materials? Yes No

4. Did you have a clear understanding of what was expected of you? Yes No

5. Did you feel the learning experiences at this setting were:
   ___ Routine for every student
   ___ Individualized for each student

6. Were on-going changes made in your learning experience based on the level of competency you demonstrated? Yes No
7. Did you have an opportunity to interact with the following:  
   1. Radiology technicians  
   2. Nurses  
   3. Occupational therapists  
   4. Orthotists  
   5. Paramedics/EMTs  
   6. Orthopedists  
   7. Physicians  
   8. Physical therapists  
   9. Physician’s assistants  
  10. Other physicians  
  11. Other health professions

8. Did you receive adequate individual attention?  
   Yes  No

9. Were the variety of athlete/patient encounters adequate to meet the objective of the clinical education experience?  
   If no, please comment:

10. Were the equipment and supplies adequate to meet the objective of the clinical experience?  
     If no, please comment:

11. Based on your experience and skills, how would you describe the degree of supervision you received?  
     Too close  Commensurate with need  Not close enough

12. How would you rate staff morale?  
     Always high  Usually High  Occ. High/Low  Usually low

13. What is your overall rating of this clinical experience?  
    1 A very negative experience.  
    2 A waste of time.  
    3 Time well spent.  
    4 A very positive experience.

14. Provide any additional comments in the space below:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________