

Athletic Training Education Program
Angelo State University

Alumni Evaluation

Year of Graduation: _____

Date: _____

The following evaluation is to be used in order to assess the athletic training education program at Angelo State University. We ask that you, the alumni, complete the following questions as concisely as possible to provide the athletic training education program with valuable feedback in order that the ASU ATEP can continue to develop and evolve. This information is kept confidential.

1=Well prepared; 2=prepared; 3=neither prepared or not prepared; 4=Somewhat prepared; 5=not prepared at all

- | | | | | | |
|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 1. As an entry level athletic trainer, how well prepared do you feel you were for prevention of athletic injuries in your current employment? |
| 1 | 2 | 3 | 4 | 5 | 2. As an entry level athletic trainer, how well prepared do you feel you were for clinical evaluation and diagnosis of athletic injuries in your current employment? |
| 1 | 2 | 3 | 4 | 5 | 3. As an entry level athletic trainer, how well prepared do you feel you were for immediate care of injuries in your current employment? |
| 1 | 2 | 3 | 4 | 5 | 4. As an entry level athletic trainer, how well prepared do you feel you were for treatment, rehabilitation, and reconditioning of athletic injuries in your current employment? |
| 1 | 2 | 3 | 4 | 5 | 5. As an entry level athletic trainer, how well prepared do you feel you were for organization and administration in your current employment? |
| 1 | 2 | 3 | 4 | 5 | 6. As an entry level athletic trainer, how well prepared do you feel you were for professional responsibility in your current employment? |

Please answer the two remaining questions in the space provided.

7. What were the strengths and/or weaknesses of the Angelo State University ATEP?

8. If you could change one aspect of the Athletic Training Education Program, what would you change?

9. Please provide the results from the Texas licensure and the BOC examinations.

| | | |
|--------------------|----------------|-----------------------|
| Texas licensure: | <u>Written</u> | <u>Practical</u> |
| | Pass/Fail | Pass/Fail |
| BOC certification: | Pass/Fail | Score if known: _____ |

Signature: _____

Print Name: _____

Date: _____

Please return evaluation to: Troy Hill
Program Director, ATEP
ASU Station #10899
San Angelo, TX 76909