Semester Four: Evaluation

Clinical Evaluation

A. Athletic Training Clinical skills: 80% of clinical score	**Midterm**	**Final**
1. Junior athletic training students are expected to:		
a. continue to demonstrate knowledge, skills, and abilities required in the preceding semester.	4 3 2 1 NA ____	4 3 2 1 NA ____
b. demonstrate an understanding and always follow OSHA regulations and universal precautions.	4 3 2 1 NA ____	4 3 2 1 NA ____
c. identify and use appropriate ASU Athletic Training Room forms and records.	4 3 2 1 NA ____	4 3 2 1 NA ____
d. identify the phases of rehabilitation and short term and long term goals for rehabilitation.	4 3 2 1 NA ____	4 3 2 1 NA ____
e. understand and accept the psychological factors of rehabilitation.	4 3 2 1 NA ____	4 3 2 1 NA ____
f. identify and demonstrate examples of isometric, isotonic, and isokinetic exercise.	4 3 2 1 NA ____	4 3 2 1 NA ____
g. demonstrate a working knowledge of closed chain and open chain rehabilitation.	4 3 2 1 NA ____	4 3 2 1 NA ____
h. show proficiency in the use of goniometry for major joints.	4 3 2 1 NA ____	4 3 2 1 NA ____
i. demonstrate the ability to instruct an athlete on isometric, manual resistance, and progressive resistance exercise.	4 3 2 1 NA ____	4 3 2 1 NA ____
j. participate in peer teaching.	4 3 2 1 NA ____	4 3 2 1 NA ____
	Totals: _____	_____
	Average: _____	_____

B. Professional/Personal Attributes: 20% of clinical score		
1. Reliability (promptness, attendance, on-time)	4 3 2 1 NA ____	4 3 2 1 NA ____
2. Appearance (dress code, grooming)	4 3 2 1 NA ____	4 3 2 1 NA ____
3. Communication (with staff, coaches, peers, and doctors)	4 3 2 1 NA ____	4 3 2 1 NA ____
4. Cooperation (with staff, coaches, peers, and doctors)	4 3 2 1 NA ____	4 3 2 1 NA ____
5. Initiative (leadership, self motivation)	4 3 2 1 NA ____	4 3 2 1 NA ____
6. Professionalism (honesty, loyalty)	4 3 2 1 NA ____	4 3 2 1 NA ____
7. Volunteers for others duties not assigned	4 3 2 1 NA ____	4 3 2 1 NA ____
	Totals: _____	_____
	Average: _____	_____

Program Director evaluation	4 3 2 1 NA ____	4 3 2 1 NA ____
	Totals: _____	_____

Student's Signature: _____ **Date:** _____

Supervisor: _____ **Date:** _____

Comments:

Student's Signature: _____ **Date:** _____

Supervisor: _____ **Date:** _____

Comments:

Submit