Semester One: Evaluation

Clinical Evaluation

A. Athletic Training Clinical skills: 80% of clinical score	**Midterm**	**Final**
1. New athletic training students are expected to:		
a. demonstrate an understanding and always follow OSHA regulations and universal precautions.	4 3 2 1 NA ____	4 3 2 1 NA ____
b. identify and use appropriate ASU Athletic Training Room forms and records.	4 3 2 1 NA ____	4 3 2 1 NA ____
c. demonstrate basic operation of all modalities.	4 3 2 1 NA ____	4 3 2 1 NA ____
d. identify and apply the ASU emergency plan and procedures.	4 3 2 1 NA ____	4 3 2 1 NA ____
e. identify and apply the emergency equipment and	4 3 2 1 NA ____	4 3 2 1 NA ____
f. apply and utilize athletic tape and bandages appropriately for prevention and care of injuries.	4 3 2 1 NA ____	4 3 2 1 NA ____
g. identify and assess vital signs in emergency and non-emergency situations.	4 3 2 1 NA ____	4 3 2 1 NA ____
h. demonstrate the ability to observe for signs and symptoms of shock.	4 3 2 1 NA ____	4 3 2 1 NA ____
i. use and understand medical terms in both verbal and written situations.	4 3 2 1 NA ____	4 3 2 1 NA ____
j. understand and apply daily ASU athletic training room procedures.	4 3 2 1 NA ____	4 3 2 1 NA ____
k. identify ASU administrative staff.	4 3 2 1 NA ____	4 3 2 1 NA ____
l. identify roles of staff ATC's.	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