

## **ATHLETIC TRAINING EDUCATION PROGRAM**

### **ATS CLINICAL EVALUATION FORM**

In support of the mission statement of the Athletic Training Education Program at Southeastern Louisiana University an evaluation of each Athletic Training Students' (ATS) clinical knowledge must be performed. Expectations of each ATS clinical knowledge & skill are based on the semester of clinical progression in which they are enrolled & can be reference in the Southeastern Louisiana University ACI Handbook (pg.\_).

A numerical scale (0-5) will be used to evaluate and assess the ATS's progress throughout their clinical education & experiences :

**0** = Not able to evaluate at this time.

**1** = ATS clinical knowledge & skill is unsatisfactory and does not meet the minimum requirements for passing at this time.

**2** = ATS clinical knowledge & skill shows some progress, but does not meet minimum requirements for passing at this time.

**3** = ATS clinical knowledge & skill meets satisfactory requirements for passing at this time.

**4** = ATS clinical knowledge & skill meets higher than satisfactory for passing, but less than excellent requirements at this time.

**5** = ATS clinical knowledge & skill meets the highest or excellent requirements for passing at this time.

**1. The ATS is able to demonstrate (appropriate for level of education) knowledge of the assessment & evaluation of injury & illness?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. The ATS is able to demonstrate (appropriate for level of education) knowledge of the acute care of injury & illness?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. The ATS is able to demonstrate (appropriate for level of education) knowledge of general medical conditions & disabilities?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. The ATS is able to demonstrate (appropriate for level of education) knowledge of pathology of injury & illness?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. The ATS is able to demonstrate (appropriate for level of education) knowledge of the pharmacological aspects of injury & illness?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. The ATS is able to demonstrate (appropriate for level of education) knowledge of the nutritional aspects of injury & illness?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. The ATS is able to demonstrate (appropriate for level of education) knowledge of therapeutic exercise?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. The ATS is able to demonstrate (appropriate for level of education) knowledge of therapeutic modalities?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. The ATS is able to demonstrate (appropriate for level of education) knowledge of risk management & injury prevention?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. The ATS is able to demonstrate (appropriate for level of education) knowledge of health care administration?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. The ATS is able to demonstrate (appropriate for level of education) knowledge of professional development & responsibilities?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. The ATS is able to demonstrate (appropriate for level of education) knowledge of psychosocial intervention & referral?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mid Semester Evaluation:**

Date: \_\_\_\_\_

ACI Signature: \_\_\_\_\_

ATS Signature: \_\_\_\_\_

Clinical Coordinator Signature: \_\_\_\_\_

**End of Semester Evaluation:**

Date: \_\_\_\_\_

ACI Signature: \_\_\_\_\_

ATS Signature: \_\_\_\_\_

Clinical Coordinator Signature: \_\_\_\_\_