

# Athletic Training Education Program Employer Survey

The Athletic Training Education Program at Angelo State University is committed to the assessment of program graduates by their employer and the employee's preparation as an entry-level athletic trainer.

All responses will remain confidential and will only be used for research purposes and for completion of the accreditation process. Information contained within the survey will not be shared with anyone other than the Program Director.

Please submit this form with your typed responses by clicking the "submit" button at the bottom of the page. **Please, Do Not** click the submit button more than once. Troy Hill, Director, ATEP will receive the form.

## Section I: Demographic Information

Name of employee: \_\_\_\_\_

Period of employment: \_\_\_\_\_

## Section II: Employer Information

Name of employee's immediate supervisor: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: Work: (\_\_\_\_) \_\_\_\_\_

Are you currently a certified athletic trainer (ATC)?

Yes    No

Please list other credentials: \_\_\_\_\_

Which of the following settings best describes your place of employment as a certified/licensed athletic trainer?

- a. High School
- b. College/University
- c. Professional Sport
- d. Clinic with high school responsibility
- e. Clinic without high school responsibility
- f. Corporate or Industrial/Worksite
- g. Hospital
- h. Other Athletic Training Related

Are you currently employed in a state that requires state licensure, certification, or registration for athletic trainers?  Yes    No

**Part III – Job Description**

Please describe the employee’s daily job requirements and responsibilities:

**Part IV – Perceived Effectiveness of Athletic Training Education**

The questions that follow are asking you the employer to rate the employee on his/her preparation as an entry-level athletic trainer. Please feel free to answer without reservation about how well the employee was prepared for the job. The following questions are based on educational competencies identified by the NATA Educational Council.

Use the following scale to rate the employee on his/her effectiveness:

- 1=Well Prepared    2=Prepared    3=Somewhat Prepared
- 4=Poorly Prepared    5=Prepared Inadequately

1) How prepared did you feel the employee is in the area of immediate care of injury and illnesses? **Not able to access**

**Well Prepared**    1    2    3    4    5    **Prepared Inadequately**

2) How prepared did you feel the employee is in the area of injury evaluation and assessment? **Not able to access**

**Well Prepared**    1    2    3    4    5    **Prepared Inadequately**

3) How prepared did you feel the employee is in the area of general medical conditions and disabilities? **Not able to access**

**Well Prepared**      1  2  3      4  5  **Prepared Inadequately**

4) How prepared did you feel the employee is in the area of health care administration? **Not able to access**

**Well Prepared**      1  2  3      4  5  **Prepared Inadequately**

5) How prepared did you feel the employee is in the area of nutritional aspects of injury and illness? **Not able to access**

**Well Prepared**      1  2  3      4  5  **Prepared Inadequately**

6) How prepared did you feel the employee is in the area of treatment and use of therapeutic modalities? **Not able to access**

**Well Prepared**      1  2  3      4  5  **Prepared Inadequately**

7) How prepared did you feel the employee is in the area of pathology of injury and illnesses? **Not able to access**

**Well Prepared**      1  2  3      4  5  **Prepared Inadequately**

8) How prepared did you feel the employee is in the area of pharmacological aspects of injury and illnesses? **Not able to access**

**Well Prepared**      1  2  3      4  5  **Prepared Inadequately**

9) How prepared did you feel the employee is in the area of therapeutic exercise and rehabilitation? **Not able to access**

**Well Prepared**      1  2  3      4  5  **Prepared Inadequately**

10) How prepared did you feel the employee is in the area of risk management and injury prevention? **Not able to access**

**Well Prepared**      1  2  3      4  5  **Prepared Inadequately**

11) How prepared did you feel that the employee is in the area of psychosocial intervention and referral? **Not able to access**

**Well Prepared**      1  2  3      4  5  **Prepared Inadequately**

12) How prepared did you feel that the employee is in the area of professional development and responsibility?

**Not able to access**

**Well Prepared**      1    2    3      4    5       **Prepared Inadequately**

Please identify any areas of strength that you perceived in the employee's skills and abilities while working in your facility?

Please identify any areas of weakness that you perceived in the employee's skills and abilities while working in your facility?

Please write any additional comments that you feel necessary for this employee and future graduates.

Would you as an employer consider hiring another Angelo State University Athletic Training Program Graduate?

Yes    No

**Thank You!**

