

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

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## UNIVERSAL CLINICAL EVALUATION

### UNLV ATHLETIC TRAINING EDUCATION PROGRAM

**Does the student display proper facility management?**

(daily cleaning, stocking, and typical daily activities)

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Does the student possess effective problem-solving skills?**

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Does the student behaves in ethical and professional manner?**

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**In written form, does the student report pertinent and accurate information in a logical manner?**

(notes, daily logs, injury reports, etc...)

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Can the student verbally communicate in a concise, clear, and appropriate manner?**

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Does the student possess effective interpersonal communication with coaches/athletes/patients/clients?**

(confidence, respect, empathy, listening skills, counseling, tact)

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Does the student possess effective Interaction with peers/fellow professionals?**

(confidence, respect, consideration, quality of professional exchange, tact)

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Does the student present a personal appearance appropriate for clinical setting?**

(uniform, name tag, grooming &amp; hygiene)

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Is the student dependable, responsible, and punctual?**

(promptness and attendance)

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Is the student eager to assist supervisor and peers when appropriate?**

(team player)

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Does the student express enthusiasm/interest in clinical placement?**

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Does the student demonstrate confidence appropriate for their level of progress through the AT program?**

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Does the student seek out supplemental information when knowledge/experience is limited or lacking?**

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Does the student have the ability to follow directions?**

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Does the student respect confidentiality of all medical information?**

(medical records, injuries, sensitive medical conditions)

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Does the student demonstrate initiative?**

(performs obvious tasks without direction or prompting)

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Does the student possess organizational abilities?**

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Can the student accept constructive criticism?**

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

**Does the student recognize limitations and stay within the bounds of Athletic Training?**

(personal and professional)

Does not meet | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Meets 100% Expectations  
0 25 50 75 100

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**SUMMATIVE EVALUATION**

Please provide a brief written summary of your impression of the student's overall clinical performance. Please elaborate on any of the areas described in the universal or level specific evaluations. Please include comments regarding the student's strengths and weakness, and indicate whether the student experienced personal and professional growth over the course of the semester.

**Grade:** Please assign a letter grade to this student based on the criteria outlined in this evaluation, the letter grade you would assign would be:

**Clinical Instructor Name** \_\_\_\_\_

**Clinical Instructor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_