

OSU ATEP
PATS EVALUATION
OF CLINICAL ROTATION

It is very important to the Athletic Training Education Program that we receive your input on each of your clinical practicum experiences. Your information will remain anonymous; general comments will be shared, at the end of the year, with the Clinical Instructors to help them improve their teaching methods with educating the athletic training students.

Supervisor: _____
Clinical Rotation: _____

Please circle the number corresponding with your feelings, beliefs, and behaviors about your clinical instructor and rotation.

KEY

1= Not at all	2= Fair	3=Moderate	4= Extreme
---------------	---------	------------	------------

1. The ATC provided clear orientation during the first day(s) of the rotation..... 4 3 2 1
2. The ATC took time to answer my questions..... 4 3 2 1
3. The ATC answered questions in a manner I could understand..... 4 3 2 1
4. The ATC promoted clinical discussion with me and other students..... 4 3 2 1
5. The ATC involved me in what was going on during treatments..... 4 3 2 1
6. The ATC involved me in what was going on during practice..... 4 3 2 1
7. The ATC took time to get to know me personally..... 4 3 2 1
8. The ATC returned my phone calls in a timely manner..... 4 3 2 1
9. The ATC was helpful in setting up my schedule..... 4 3 2 1
10. The ATC was a positive professional role model for students..... 4 3 2 1

COMMENTS

Please provide any additional information you feel pertinent.

OSU ATEP should continue to use this ATC.

Yes Yes, With some improvements No

Overall, how would you rate this ATC?

EXCEPTIONAL ADEQUATE POOR

Overall, how would you rate this rotation?

EXCEPTIONAL ADEQUATE POOR