### UWF Athletic Training Education Program

**Preceptor Field Experience Evaluation Form**

**STUDENT’S NAME**

**Clinical Site**

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**Clinical Instructor**

**Evaluation Period (Start - End Date)**

Clinical Class: __PET 3670  __PET 3671  __PET 4672  __PET 4673

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**Rating Scale:**

5 = Excellent  
4 = Good  
3 = Adequate  
2 = Needs Improvement  
1 = Poor  
0 = Unacceptable  
NA = Not applicable or unable to rate at this time

Rate according to the standards of the professional unless criteria is specific to class level.

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication/Rapport with other medical personnel (ATC, ATS, MD, etc.)</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Communication/Rapport with coaching staff/administrators/patients/athletes</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Dresses appropriately &amp; Professional appearance</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Dependability (Prompt for assigned experience)</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Initiative (Active involvement, Thoughtful questions)</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Accepts constructive criticism when provided</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Adheres to policy &amp; procedures (ATS Manual, Clinical Site)</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Makes recognizable effort to apply knowledge</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Maintains confidentiality &amp; privacy</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Performs clinical skills proficiently for class level</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Professional interest (Professionalism, Applies knowledge)</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Overall ability</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**TOTAL EACH COLUMN**

**TOTAL POINTS EARNED AT THIS ROTATION:**

* Percent Score: %

Please give your professional opinion of this student’s overall performance and abilities as a future Athletic Trainer.

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_____________________________________________________________________________________

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_____________________________________________________________________________________

Have you observed or become aware of any incidence(s) in which this student acted in an unprofessional manner? ___ Yes ___No  (If yes, then contact Program Director for a detailed Incident Report)

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* Clinical Instructors: To calculate percent score, please divide TOTAL POINTS EARNED by the total number of points they were evaluated for. (80 points are possible UNLESS a student has areas that are marked “N/A”, so divide accordingly.)

ATS Signature: ___________________________  Date: ___________________________

The student's signature above acknowledges that the clinical instructor has discussed the clinical experience and this evaluation.

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CI Signature: ___________________________  Date: ___________________________

Return form to:  Mr. Richard Frazee, Program Director of ATEP  
Health, Leisure, & Exercise Science  
11000 University Parkway  
Pensacola, FL 32514  
Ph: (850) 473-7245, Fax: (850) 474-2106