Middle Tennessee State University
Athletic Training Pre-Program Clinical Evaluation

Name of student _______________________________________ Date ______________
Clinical Site/Sport ______________________________________

Preceptor ____________________ _______________________

Rate the student in the areas below using the following scale:
5 = Excellent
4 = Above Satisfactory
3 = Satisfactory
2 = Below Satisfactory
1 = Poor
0 = Unacceptable

1. Promptness
2. Professional dress and appearance
3. Develops a rapport with peers
4. Follows athletic training room rules and regulations
5. Takes initiative
6. Displays a willingness to learn
7. Ability to follow instructions
8. Shows enthusiasm and has a positive attitude
9. Displays a understanding of the importance of confidentiality

Comments:

__________________________________________
Signature of Preceptor     Date     Total score