



Anderson University
Athletic Training Education Program
Preparing Students for the Future

ATHLETIC TRAINING STUDENT SELF-EVALUATION

Name: _____ **Date:** _____

Clinical Assignment(s): _____ **ACI:** _____

Student's Score / Total Possible: _____ / _____ = _____ %

Directions: Please respond to the following items with respect to the your skills this semester as an Athletic Training Student. For each of these items, indicate your assessment from poor to excellent. If you do not feel that you can accurately asses an item because the item is not applicable, please mark that box. Those items that you mark as not applicable, will not be factored into the total number of points possible. This is a tool for you to determine where your skills fall. The percentage will not affect your grade, but instead will provide you with a measure of where your skills are in comparison to other students at your level. Please use the following scale:

- 1 – POOR – Little or no skill**
- 2 – FAIR – Skills observed are less than student at your level**
- 3 – AVERAGE – Student demonstrates skills consistent with those at your level**
- 4 – GOOD – Demonstrates high quality of skill better than most at your level**
- 5 – EXCELLENT – Demonstrates skill above those at your level**

Please rate yourself in each of the following areas:

1=Poor 2=Fair 3=Average 4=Good 5=Excellent NA=Not Applicable

	1	2	3	4	5	NA
1. Taping skills						
2. Injury evaluation skills						
3. Injury management skills						
4. Knowledge and use of therapeutic modalities						
5. Rehabilitation procedures						
6. Administrative and record keeping skills						
7. Communication with coaches and athletes						
8. Communication with staff and fellow ATS's						
9. Effort and work habits						
10. Leadership						
11. Initiative and self motivation						

1. What is your *strongest* area as an athletic training student? Explain.

2. Where do you feel the greatest *need for improvement* as an athletic training student? Explain.