

CERTIFIED ATHLETIC TRAINER GRADUATE ASSISTANT PERFORMANCE EVALUATION

This is an evaluation and assessment of the performance of the Graduate Assistant Athletic Trainers in the Post-Professional Athletic Training Education Program in the Department of Athletic Training at Florida International University. Please complete this evaluation form to the best of your knowledge or ability. Your input will be shared with your Graduate Assistant Athletic Trainer to improve the quality of athletic training services. We strive to provide the highest quality Athletic Trainers to our Affiliated Clinical Sites, so please do not hesitate to contact Tara Clark or Dr. Jennifer Doherty-Restrepo with any questions or concerns regarding the selection, placement, or performance of your Athletic Trainer. Tara Clark's contact information is available at the end of this document.

EMPLOYEE INFORMATION

Athletic Trainer Evaluated: *YOUR NAME*
 Season/Semester: *INDICATE FALL/SPRING 200X*

Clinical Site: *SCHOOL*
 Supervisor: *SUPERVISOR'S NAME*
TITLE
EMAIL ADDRESS
OFFICE PHONE
CELL PHONE

Directions to Student

- *Fill-in all italicized information*
- *Delete this box*
- *Print*
- *Deliver to supervisor*

EVALUATION GUIDELINES

Please complete this performance evaluation, using the following scale:

- NA = Not Applicable**
- 5 = Exceptional**
- 4 = Exceeds Requirements**
- 3 = Meets Requirements**
- 2 = Marginal**
- 1 = Unsatisfactory**

EVALUATION

***Please indicate suggestions for improvement of deficiencies leading to evaluations less than 5.**

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Marginal	(1) = Unsatisfactory
Demonstrates Required Job Skills And Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suggestions for Improvement:					
Has The Ability To Learn And Use New Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suggestions for Improvement:					
Uses Resources Available In An Effective Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Suggestions for Improvement:

Responds Effectively To Assigned Responsibilities
Suggestions for Improvement:

Meets Attendance Requirements
Suggestions for Improvement:

Listens To Direction From Supervisor
Suggestions for Improvement:

Takes Responsibility For Actions
Suggestions for Improvement:

Honors Commitments
Suggestions for Improvement:

Demonstrates Problem Solving Skills
Suggestions for Improvement:

Meets Work Attire Requirements
Suggestions for Improvement:

Athletic Training Room Cleanliness
Suggestions for Improvement:

Ability to Communicate with Athletics Staff
Suggestions for Improvement:

Interpersonal Communication with Athletes and/or Parents
Suggestions for Improvement:

Medical Records are Secure/HIPAA compliance:
Suggestions for Improvement:

Maintenance and Submission of Injury Records/Progress Reports
Suggestions for Improvement:

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**Athletic Training Room Hours
 Communicated Effectively**

Suggestions for Improvement:

**Recognizes Challenges or
 Limitations**

Suggestions for Improvement:

Effective Time Management

Suggestions for Improvement:

Overall Professionalism

Suggestions for Improvement:

Athletic Director / Supervisor Signature

Date

We appreciate your time and consideration in your evaluation of the Graduate Athletic Trainer. Please do not hesitate to contact the Program Director with any question or concerns regarding the selection, placement, or performance of your Athletic Trainer.

Jennifer Doherty-Restrepo, PhD, ATC, LAT
 Chair/Program Director, Athletic Training Education
 College of Nursing and Health Sciences
 Florida International University
 Modesto A. Madaique Campus, ZEB 251B
 Miami, FL 33199
 Office: 305.348.3398
 Fax: 305.348.2125
 E-Mail: dohertyj@fiu.edu

Program Director

Date

The Program Coordinator has reviewed this information with me and has answered my questions to my satisfaction.

Graduate Assistant Signature

Date