

Eastern Michigan University
School of HPHP
Athletic Training Education Program

Clinical Site Evaluation

Site _____

ACI _____

Please rate the following statements on a scale of 1 through 5 using these criteria:

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly agree

In addition to rating the statements please answer the questions and make comments/suggestions as indicated.

1. I received an adequate orientation to the facility. _____

Describe the orientation and make comments/suggestions.

2. My supervisor possessed qualities I expect him/her to have as a health professional and student supervisor. _____

List those qualities you expected and those your supervisor possessed. Comment if they differ.

3. I was given an appropriate amount of supervision. _____

Comment or make suggestions.

- . My objectives for this affiliation were met. _____

Comment or make suggestions.

4. I felt expectations of me were at my level. _____

Comment or make suggestions.

5. I was exposed to a variety of diagnoses and treatment techniques. _____

List those that were new to you.

6. I feel this was a valuable learning experience. _____

Comment or make suggestions.

7. I would recommend this facility to other students. _____

Why or why not?

8. I was able to integrate the knowledge I have from the classroom. _____

Comment or make suggestions.

9. My preparation from the classroom was adequate for my current level. _____

What would you suggest should be change? What do you feel prepared you the most?

Signature _____

Date _____