Illinois State University Athletic Training Education Program
Student Evaluation of a Clinical Site Form

Clinical Site:

Level of Student Making Evaluation (current semester):

Date of Evaluation:

Please rate the clinical site on the following criteria using the scale indicated. There is additional space for comments at the end of the evaluation form. This form will be summarized with others for this site and the summary results will be shared with the site clinical instructor and will be maintained on file by the Director of Athletic Training Education for a period of two years.

1 = strongly agree
2 = agree
3 = not sure
4 = disagree
5 = strongly disagree
6 = not applicable to my situation

I. Individual Site Measures

| I interacted with a variety of health care and medical professionals. | 1 2 3 4 5 6 |
| I had adequate individual attention. | 1 2 3 4 5 6 |
| There was adequate equipment for me to meet my learning objectives. | 1 2 3 4 5 6 |
| There were adequate supplies for me to meet my learning objectives. | 1 2 3 4 5 6 |
| I saw a variety of patients with a broad spectrum of injuries and illnesses. | 1 2 3 4 5 6 |
| The physical facilities were conducive to a health care or medical facility. | 1 2 3 4 5 6 |

III. General (circle one)

Overall, my rating of this clinical site is:

Outstanding  |  Above Average  |  Average  |  Below Average  |  Inadequate

Suggestions by student that would assist in improving the clinical site if necessary:

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________