|  |  |  |
| --- | --- | --- |
| **NAME** | **SCHOOL** | **DATE** |

1. **– Outstanding 2-Exceeds Expectations 3-Satisfactory 4-Below Expectations 5-Unsatisfactory**
2. **PERSONAL QUALITIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Present at home athletic functions.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Punctual** | **1** | **2** | **3** | **4** | **5** |
| 1. **Exhibits poise & self control.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Good role model** | **1** | **2** | **3** | **4** | **5** |
| 1. **Behaves realistically/common sense.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Enthusiasm for work.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Shows positive attitude.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Shows professional growth.** | **1** | **2** | **3** | **4** | **5** |

**COMMENTS:**

1. **PROFESSIONAL QUALITIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Treats each athlete as individuals.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Is concerned with athlete’s injury.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Has a personal interest in athletics.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Cooperates with all coaches.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Explains injures to coaches, athletes, and parents.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Is organized.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Is responsible.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Projects a professional image with coaches & athletes.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Projects professional judgment in allowing an injured athlete to participate.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Maintains a professional relationship with team doctors.** | **1** | **2** | **3** | **4** | **5** |

**COMMENTS:**

1. **PROCEDURAL AND RECORD KEEPING SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Complies with all policies of E.P.I.S.D.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Documents student injuries/physician’s referrals.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Maintains individual student files (Parent permission, insurance, etc).** | **1** | **2** | **3** | **4** | **5** |
| 1. **Turns in reports to athletic office promptly.** | **1** | **2** | **3** | **4** | **5** |

**COMMENTS:**

1. **TRAINING SKILLS/KNOWLEDGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Recommends preventive exercises to coaches and athletes.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Instructs athletes and coaches on preventive techniques.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Uses preventive wrapping, taping, and braces.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Skillfully uses tests to determine severity of injury.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Displays good judgment in advising athletes and parents in physician referrals.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Correctly uses first aid and emergency techniques. (Ice, splints, transportation, elevating, compression and sterile techniques)** | **1** | **2** | **3** | **4** | **5** |
| 1. **Properly uses modalities and other proven treatment methods.** | **1** | **2** | **3** | **4** | **5** |
| 1. **Educates athletes on proper self rehabilitation methods.** | **1** | **2** | **3** | **4** | **5** |

**COMMENTS:**

1. **RECOMMENDATION OF EVALUATORS**

**Continued Employment**  **Improvement must be shown in area indicated if**

**Nonrenewal of Employment employment is to be recommended in the future.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Head Coach** | **Principal** | **Athletic Director** | **\*Trainer’s signature** | **Date** |

**\*This signature indicates that the athletic trainer has read and discussed the evaluation report. It does not necessarily indicate agreement with all factors of the evaluation. The athletic trainer may express his disagreement in writing and attaché that information to this form.**

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