University of Minnesota Duluth
Student Evaluation of the Rotation Site
(End of Each Rotation)

Rotation: ________________________________

USE THE SCALE BELOW TO ANSWER THE NEXT GROUP OF QUESTIONS

EXCELLENT  GOOD  AVERAGE  FAIR  POOR  NOT APPLICABLE
5  4  3  2  1  N/A

PLEASE RATE THE CLINICAL ROTATION SITE. PLEASE REMEMBER THIS IS NOT A COMPARISON BETWEEN THE ROTATIONS.

1. Site organization; policies/procedures were explained and followed
2. Site cleanliness; up to OSHA standards/Guidelines
3. Safe learning environment
4. Site provided numerous learning opportunities
5. Site increased your knowledge of how an ATC provides services at different settings
6. Site was accessible – parking, travel, length of rotation
7. The supplies/equipment at the site were adequate to meet demands and expectations
8. The site provided experiences that reinforced skill/information that you learned in course work
9. The site challenged your skills/knowledge level
10. Coaches/athletes/administration demonstrated appropriate level of respect towards you as ATS
11. Overall rating for this rotation

COMMENTS: PLEASE NOTE ANY COMMENTS YOU HAVE ABOUT THE SITE AND WHY YOU RATED EACH AS YOU DID. BE AS SPECIFIC IN YOUR RESPONSE AS POSSIBLE, USING EXAMPLES AS NECESSARY.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
**What are some areas of STRENGTH for this rotation?**

**How could this rotation be IMPROVED to provide a better learning opportunity for you?**

**List two things that you learned from observing at this rotation:**

**Do you feel this is a beneficial clinical rotation for future students & why?**

CEC Signature: ________________________________

Date: ______________