

**ASSISTANT ATHLETIC TRAINER (STIPEND)
Summative Appraisal Form**

Name _____

Location _____

Appraisal Period: From _____ to _____

Date of Review _____

Directions

The following statements describe the employee who achieves success. Based on cumulative performance information, the evaluator estimates the employee's effectiveness in meeting each criterion. Rate each criterion using the scale below that most closely describes the employee's attainment of that criterion. For each domain, a comment area is provided for general statements and/or recommendations.

Rating Scale

- 5 Clearly Outstanding:** Performance is consistently far superior to what is normally expected.
- 4 Exceeds Expectations:** Performance demonstrates increased proficiency and is consistently above expectations.
- 3 Meets Expectations:** Performance meets expectations and presents no significant problems.
- 2 Below Expectations:** Performance is consistently below expectations and significant problems exist.
- 1 Unsatisfactory:** Performance is consistently unacceptable.
- 0 Not Applicable**

JOB PERFORMANCE STATEMENTS

Illness/Injury Prevention and Treatment

- ____1. Assists Head Trainer in planning and implementing a comprehensive athletic injury and illness prevention program for student athletes.
- ____2. Attends practice sessions and athletic contests as assigned by athletic director.
- ____3. Establishes and maintains effective communication with students, parents, medical and paramedical personnel, coaches, and other staff.
- ____4. Provides physical conditioning training to student athletes.
- ____5. Fits injured athletes with specialized equipment and oversees its use.
- ____6. Prepares athletes for games and practices by conducting evaluations and using tape, wraps, splints, braces, and other protective devices as needed.
- ____7. Responds to emergencies and makes quick, independent judgments about how to deal with injuries.
- ____8. Identifies acute injuries and provides first-aid triage, including assessing injuries and deciding whether an athlete should seek further medical attention and should discontinue participation in the athletic event.

- ____9. Establishes specific procedures to be carried out by a coach or student trainer in the event of a medical emergency.
- ____10. Detects and resolves environmental risks to athletes.

COMMENTS: _____

Rehabilitation/Reconditioning

- ____11. Assists and plans and puts in place a general rehabilitation and reconditioning program for injuries and illnesses sustained by student athletes.
- ____12. Determines therapeutic goals and objectives for individual athletes.
- ____13. Applies therapeutic modalities and instructs athletes on proper use of exercise equipment.
- ____14. Evaluates and records rehabilitation progress of athletes. Develops criteria for progression and return to practice and competition.
- ____15. Follows professional, ethical, and legal parameters regarding use of drugs and therapeutic agents for treatment and rehabilitation of injured athletes.

COMMENTS: _____

Administration

- ____16. Assists and coordinates scheduling of athletic physical examinations and screening.
- ____17. Selects, trains, and supervises student assistants.
- ____18. Compiles, maintains, and files all physical and computerized reports, records, and other documents including medical, accident, and treatment records as required.
- ____19. Maintains an inventory of training supplies and equipment. Requisitions additional supplies as needed.

COMMENTS: _____

Other

- ____20. Performs other duties assigned by supervisor.
- ____21. Maintains confidentiality of information.

COMMENTS: _____

Supervisory Responsibilities

____22. Supervises the work of student assistants.

COMMENTS: _____

What strengths does _____ possess?

What are some improvements _____ can make to ensure a higher degree of success for students on this campus/department?

Summative Conference Comments:

Recommendation of Evaluator: I have read and received a copy of this evaluation. I have reviewed this instrument.

____ Renewal and/or Extension of Assignment

____ Non-renewal of Assignment

____ Termination of Assignment

____ Non-extension of Assignment

Administrator (Print Name)

Date

Administrator's Signature

Date

Employee's Signature

Date