Montgomery County Public Schools – Athletic Trainer Evaluation Form

Athletic Trainer ____________________________  Employee # ____________________________

School_________________________________  Date______________________________

Please circle the appropriate letter (S = Satisfactory, N = Needs Improvement, U = Unsatisfactory). Comments must be provided for unsatisfactory evaluations.

Standard 1 – Athletic Trainers are committed to their student-athletes and to their athletic program.

1. S   N   U  Demonstrates concern regarding the safety and welfare of student-athletes.
2. S   N   U  Assists in implementing system-wide concussion and heat acclimatization plans.
3. S   N   U  Supervises baseline concussion testing for student-athletes.
4. S   N   U  Respects school and school system initiatives, including the MCPS Sportsmanship Program.
5. S   N   U  Conducts CPR/AED certification training for coaches and athletic department personnel.

Comments:

Standard 2 – Athletic Trainers are knowledgeable in the field and effectively provide services to their student-athletes.

1. S   N   U  Implements MCPS, MPSSAA, and NATA guidelines and regulations.
2. S   N   U  Assists in presenting the MCPS Health & Safety PowerPoint to student-athletes.
3. S   N   U  Ensures that all student-athletes and parents are informed of health and safety expectations and procedures.
4. S   N   U  Utilizes the Athletic Trainer Software (ATS) and technology into the administration of their program.
5. S   N   U  Educates coaches and student-athletes in health, nutrition, and safety-related matters.

Comments:

Standard 3 – Athletic Trainers effectively manage their program and establish positive relationships with stakeholders.

1. S   N   U  Communicates effectively and appropriately with students, parents, and athletic department personnel.
2. S   N   U  Schedules and appropriately supervises the athletic training room.
3. S   N   U  Maintains the accurate inventory of all athletic training room supplies and resources.
4. S   N   U  Documents daily treatments, injuries, and referrals and creates end of season injury summaries.
5. S   N   U  Assists in completing Accident Reports and other post-injury follow-up.

Comments:

Standard 4 – Athletic Trainers assess and evaluate injuries, provide immediate care, and administer appropriate treatment and rehabilitation protocol.

2. S   N   U  Coordinates and activates emergency medical care.
3. S   N   U  Recommends and monitors appropriate rehabilitation exercises and modalities for athletic injuries.
4. S   N   U  Supervises student-athletes’ return to activity.

Comments:
Standard 5 – Athletic Trainers are committed to continuous improvement and professional development.

1. **S** **N** **U** Complies with all local, state, and federal regulations, and laws related to athletic training.
2. **S** **N** **U** Responds positively to requests and constructive feedback.
3. **S** **N** **U** Engages in professional development activities (i.e. clinics, conferences, certifications, courses).
4. **S** **N** **U** Attends MCPS countywide ATC meetings.
5. **S** **N** **U** Completion of MCPS Three-step Qualification training for EpiPen Administration for Selected School Staff.

Comments:

Standard 6 – Athletic Trainers exhibit a high degree of professionalism.

1. **S** **N** **U** Demonstrates concern for the success of the entire athletics program.
2. **S** **N** **U** Commands respect by exhibiting appropriate appearance, dress, behavior, and conduct.
3. **S** **N** **U** Interacts positively with school administration, athletic directors, coaching staff, and stakeholders.
4. **S** **N** **U** Completes tasks and responsibilities in a timely manner.
5. **S** **N** **U** Establishes routine communication protocol with athletic department personnel.

Comments:

Overall performance evaluation:

___Satisfactory ___Needs Improvement ___Unsatisfactory

Comments:

__________________________________________ ___________________ ____________________
Signature, Principal Date Signature, Athletic Director Date

ATC Comments:

_____________________________________
Signature, ATC Date (My signing this evaluation does not necessarily indicate that I agree with the content.)