

**ASSISTANT ATHLETIC TRAINER (DRMS)  
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. Plan and implement a comprehensive athletic injury and illness prevention program for student athletes at Del Rio Middle School.
- \_\_\_\_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 Athletic Director and Del Rio Middle School Principal.
- \_\_\_\_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