

**University of Nevada, Las Vegas
Athletic Training Educational Program**

END OF SEMESTER ANONYMOUS EVALUATION

Semester/Year _____

The purpose of this evaluation is to get feedback from students to assist in the improvement of YOUR athletic training educational program, so please answer the following questions honestly. Do not be afraid to answer these questions, we are interested in your constructive criticism.

PLEASE PRINT/TYPE LEGIBLY

Semester in Program: 1 2 3 4 5

1. Please list the strengths and weaknesses, which you feel, exist with the athletic training CLASSES.

Strengths:

Weaknesses:

2. How could the CLASSROOM aspect of your athletic training education be improved?

3. Please list the strengths and weaknesses, which you feel exist with the athletic training CLINICAL EXPERIENCE.

Strengths:

Weaknesses:

