



CLIENT NEEDS EVALUATION

We are excited that you are considering the addition of a certified athletic trainer support to your athletic team. In order to help us better serve you, please fill out the attached survey, which will inform the level of your need, and the available resources which can be put to work in this effort.

Although the survey may seem long, it is essential for our team to be knowledgeable in the many facets involved your athletic program and facilities in order to help you implement the most effective solutions. Please return this survey to Athleticare Sports Health Foundation at info@athleticarefoundation.org upon completion and we will be in touch with interpretation and next steps.

We look forward to working with you to make sports safer for your athletes!

Question	Yes	No
Does your school/district have a single staff member who consistently reviews and organizes records such as injury reports, physical forms, treatment reports and orders, etc., for the entire athletic program?		
Does your school or district provide a staff member who performs athletic training duties specific to a job description and consistent with state law?		
Does your school have qualified medical personnel such as Certified Athletic Trainers (ATs) or Medical Doctors (MDs) at the facility daily to provide medical care for athletic injuries or illness?		
Does your school have after-school or weekend activities at which qualified/certified medical personnel (ATs, or MDs) are present?		
Does your school or district have a regular system used to review the effectiveness of the athletic program in preventing injury or illness?		

Does your school or district emphasize student health care by providing a school registered nurse (RN) during the academic day?		
Does your school have a written emergency medical plan? Does your school have written emergency action plans specific to all athletic venues?		
Does your school comply with OSHA blood borne pathogen guidelines?		
Does your state have laws and regulations pertaining specifically to coaches education in first aid, CPR and Concussions?		
Does your state have laws and regulations pertaining specifically to who can provide care for injuries sustained in sports and athletics beyond basic first aid and CPR?		
Does your state have laws regarding the qualifications of those who teach courses in athletic training for students and coaches?		
Is the profession of athletic training regulated in your state?		
Do the coaches at the targeted facility believe that they are providing optimal medical and injury care for the student-athletes they supervise?		
Does your school or district have someone who reviews and determines compliance of state laws surrounding concussion management?		
Does your school or district have someone who is qualified, as per the laws of the state, to treat students and student athletes who have suffered a concussion?		
Does your school or district have someone who is qualified, as per the laws of the state, to determine the Return to Participation status of student athletes who have suffered a concussion?		
Does your school or district have requirements for coaches in concussion education?		
TOTAL		

School Needs Assessment Part 2: Your District's Sports Programs

How many students participate in activities in your school or district?

Fall Sports _____

Winter Sports _____

Spring Sports _____

How many total students participate in activities throughout the year?

How many sports does your school or district provide?

How many levels of each sport do you provide?

SPORT	Middle School	Freshmen	Sophomore	JV	Varsity

How many different practice and game facilities are used for all sports? _____

On-site

Fall Sports _____ Winter Sports _____ Spring Sports _____

Off-site

Fall Sports _____ Winter Sports _____ Spring Sports _____

What is your school's policy on return to play criteria or status?

Who has final say on return to play for each injury and athlete in the absence of a physician?

- Team Physician
- Treating Physician
- Athletic Director
- Principal
- Coach
- Parent
- Student
- Certified Athletic Trainer (AT)
- Other _____

School Needs Assessment Part 3: Your District's Facilities

Question	Yes	No
Do you have available a minimal space (100sq.ft.) to dedicate to an athletic training room?		
Is a secured area available for storage of athletic training consumable supplies, (approx. 50 sq. ft. min) separate from the athletic training room area?		
Is there telephone access (or potential for access) in the proposed athletic training room?		
Does the accessibility of the proposed athletic training room comply with the ADA?		
Is office furniture (desk, filing cabinet, computer) available for the proposed athletic training room from surplus within the school?		
Does the proposed athletic training room have outside access?		
Does the proposed athletic training room have adequate HVAC (heating and ventilation)?		
Is the proposed athletic training room accessible equally by both boys and girls?		
Does the proposed athletic training room currently have access to water (hot, cold, drain)?		
Does the proposed athletic training room currently have electrical outlets available?		
Does the proposed athletic training room have a separate office space available (partitioned) and allow visual supervision of athletes in the athletic training room?		
Is the general climate of the school administration supportive of making a commitment to improve upon the present proposed athletic training room in future years?		
TOTAL		

How many square feet does the largest area have that may be available for an athletic training room? _____ Sq. ft.

What is the proximity to the athletic area? _____ feet

Thank you for taking the time to provide us with this information. When you are done, please return your survey to Athleticare Sports Health Foundation at info@athleticarefoundation.org and our team will be in touch with recommendations and next steps.

Please don't hesitate to contact us with questions at (314) 596-2656.