Course Evaluation

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What course did you complete? (Circle one) BLS ACLS PALS HS CPRAED/FA Other\_\_\_\_\_\_\_\_

Check one: \_\_\_\_\_MD/DO \_\_\_\_\_RN \_\_\_\_\_ Paramedic/EMT\_\_\_\_\_\_ Other (Please Specify)\_\_\_\_\_\_\_\_\_\_\_\_

Please evaluate the following: 5=Excellent 4= Good 3=Average 2= Needs Improvement 1 = Poor

1. Overall quality of class: 5 4 3 2 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Presentations were clear and organized: 5 4 3 2 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. The facilities and equipment were: 5 4 3 2 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Handouts and/or visuals were: 5 4 3 2 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you feel the class met your expectations: 5 4 3 2 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Subject was relevant to your needs: 5 4 3 2 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. The cost of the program was: 5 4 3 2 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Please evaluate each Instructor #1: \_\_\_\_\_\_\_\_\_ 5 4 3 2 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instructor # 2: \_\_\_\_\_\_\_\_ 5 4 3 2 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instructor # 3: \_\_\_\_\_\_\_\_ 5 4 3 2 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instructor #4: \_\_\_\_\_\_\_\_ 5 4 3 2 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please use this space to make any additional comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were there any specific strengths or weakness of the program that you would like to comment on?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Optional)**

**If you would like feedback on your comments, please fill out the following:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature (required if any action is being requested)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please submit your comments to the Instructor at course end, or if you prefer, you can mail this form either directly to the Training Center (305 11th Ave SW Minot ND 58701) and/or the Regional ECC Office (Call 1-888-CPR-LINE for the address).