American Heart Association Emergency Cardiovascular Care Program

Course Evaluation

Instructions: Please take a moment to complete this evaluation of the course in which you just participated. We want to provide excellent courses, and we value your opinion. Your comments will be used to make ongoing improvements in our program. Please refer to the rating scale provided below. Thank you for your participation.

Date: _____ Which course did you just complete? (Circle one)

BLS ACLS PALS

Name of Course: _____

Course Director/Lead Instructor: _____

Name of Training Center**: CAMC Life Support Training Center**

Date(s) of Course: _____ Length: _____

Location: _____

Check One: ____MD/DO ____RN ____Paramedic ____Other (Please specify)_____

Reason for taking this course: _____

1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**

Circle one

1. The program met its stated objectives. 1 2 3 4 5

2. Overall this course met my expectations. 1 2 3 4 5

3. The program content was relevant to my work and extended my knowledge. 1 2 3 4 5

4. There was an adequate supply of equipment that was clean, and in good working order. 1 2 3 4 5

5. The method of presentation (i.e., large group discussions, videos, scenarios) enhanced my learning experience. 1 2 3 4 5

6. The audiovisual materials (i.e., posters, PowerPoint(s), case discussions, videos) enhanced the presentation. 1 2 3 4 5

7. The program resource materials (i.e., textbooks, outlines, handouts) were useful. 1 2 3 4 5

8. Course materials, including the appropriate AHA Textbook, were provided to allow adequate preparation time. 1 2 3 4 5

9. The classroom environment was conducive to learning. 1 2 3 4 5

10. There were adequate and appropriate physical facilities for this course. 1 2 3 4 5

11. I would recommend this course to my colleagues. 1 2 3 4 5

12. The program was presented at an appropriate pace conducive to learning. 1 2 3 4 5

11. Instructors presented the material with knowledge and clarity. 1 2 3 4 5

12. Instructors provided adequate and helpful feedback 1 2 3 4 5

Please rate the instructor's overall effectiveness: **1 ---------- 2 ---------- 3 ---------- 4 ---------- 5**
Poor Fair Satisfactory Good Excellent

Instructor & Topic	1	2	3	4	5	Comments

Please use this space to comment regarding any specifics you wish to elaborate on:
_____
_____

Were there any specific strengths or weaknesses 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 _____
Address _____
Phone _____
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 and/or the Regional ECC Office call 1-888-CPR-LINE for the address.

Thank You For Your Participation!