Course Evaluation

Instructors Name: _____ **Date:** ___ / ___ / ___

Please circle the course you are enrolled in:

BLS for the Healthcare Provider **Heartsaver AED** **Heartsaver First Aid** **ACLS** **PALS**

	1 Very Satisfied	2 Satisfied	3 Adequate	4 Dissatisfied	5 Very Dissatisfied
Instructor Welcome & Introduction	1	2	3	4	5
Comments: _____					
Watch-Then-Practice Video	1	2	3	4	5
Comments: _____					
Skill Practice Sessions	1	2	3	4	5
Comments: _____					
Class Room Environment	1	2	3	4	5
Comments: _____					
Training Aids & Equipment	1	2	3	4	5
Comments: _____					

Overall I was pleased with the: **(Please Check One)**	**Strongly Agree**	**Agree**	**Disagree**
Quality of Instruction:	☐	☐	☐
Quality of the Course:	☐	☐	☐

I feel confident in my CPR & airway relief skills for an: **(Only address those skills, which you were taught)**

Adult Victim	☐	☐	☐
Child Victim	☐	☐	☐
Infant Victim	☐	☐	☐

What, if any, aspect of the class would you change/improve? _____

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).