

## Course Evaluation

Date of Course: \_\_\_\_\_ Name of Course: \_\_\_\_\_

Course Director/Lead Instructor: \_\_\_\_\_

Location: \_\_\_\_\_

Check one: \_\_\_ MD/DO \_\_\_ RN \_\_\_ Paramedic \_\_\_ Other (Please specify) \_\_\_\_\_

Reason for taking this course: \_\_\_\_\_

**1 Strongly Disagree      2 Disagree      3 Neutral      4 Agree      5 Strongly Agree**

Circle One

1. Overall this course met my expectations. 1 2 3 4 5
2. The program content was relative to my work and extended my knowledge. 1 2 3 4 5
3. There was an adequate supply of equipment that was clean and in good working order. 1 2 3 4 5
4. The method of presentation (i.e., large-group discussions, videos, scenarios) enhanced my learning experience. 1 2 3 4 5
5. The classroom environment was conducive to learning. 1 2 3 4 5
6. Instructors provided adequate and helpful feedback. 1 2 3 4 5

**Please rate the instructor's overall effectiveness (Circle One):**

Poor      Fair      Satisfactory      Good      Excellent

**Would you refer a friend/colleague to take this course? (Circle One) Yes No**

**Additional Comments (Please Print):**

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

Please submit your comments to the Instructor at course end or, if you prefer, you can mail this form directly to the Cascade Training Center National Operations Center: Cascade Training Center 101 Nickerson St. Suite 200 Seattle, WA 98109. You may also mail this form directly to the American Heart Association (Call 1-888-CPR-LINE for the most current AHA ECC address).

If you would like a CHS Training Center Coordinator to contact you regarding your comments or evaluation; please note this in the comments section and provide the following contact information:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_