EMT-B COURSE
EVALUATION FORM

Please share with us your candid evaluation on every aspect of this course:

Legend:
1 - Excellent
2 - Good
3 - Fair
4 - Adequate
5 - Poor

1) Overall evaluation of the course
2) Overall evaluation of the lectures
3) Overall evaluation of the faculty
4) Overall evaluation of the audiovisual material
5) Overall evaluation of the training aids
6) Overall evaluation of the teaching stations
7) Overall evaluation of the evaluation stations

8) List 3 objectives of this course and if you feel you have met them:
   1.
   2.
   3.

9) List 3 strengths of this course and/or things you have learned to make you an EMT:
   1.
   2.
   3.

10) List 3 weaknesses of this course and/or things you need to work on to be an EMT:
   1.
   2.
   3.

11) How will you integrate or use the information learned in this course in your work?

12) Additional comments (Use the reverse of this form if you need additional space):

If you would like to be contacted in regards to discuss results of this evaluation, please share with us your contact information:
Name: ____________________ Phone: ____________ Email: ____________________