

**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: _____

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 (ie, large-group discussions, videos, scenarios) enhanced my learning experience. 1 2 3 4 5
6. The audiovisual materials (ie, posters, PowerPoint(s) slides, case discussions, videos) enhanced the presentation. 1 2 3 4 5
7. The program resource materials (ie, 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
- 13. Instructors presented the material with knowledge and clarity. 1 2 3 4 5
- 14. 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 and Topic	1	2	3	4	5	Comments

Please use this space to make any additional comments:

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!