

Course Evaluation

Heartsaver®



Date _____ Instructor(s) _____

Training Center _____ Location _____

1. Overall, I was satisfied with this course.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

2. The course was thorough and credible.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

3. The content appropriately represented the data on the subject and was not biased toward specific products or services.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

4. Learning objectives:*

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
After participating in this course, I will be better able to meet the stated learning objectives:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. My research or practice will be impacted or changed as a result of something I learned in this course.*

- ☐ True
- ☐ False

6. Please rate the instructors for this course: *

	Excellent	Above average	Average	Below average	Poor	N/A
Instructor Name:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructor Name:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructor Name:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructor Name:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

