BLS Rules LLC

American Heart Association Training Site

1073 N. Caucus Way Meridian, Idaho 83642 Phone: (208) 789-7405 Fax: (844) 270-8341

Instructor Summary Evaluation Form

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| Please tally the responses from your course**.**  Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Students:\_\_\_\_  Course completed:  BLS for Health Care Providers  Heartsaver AED  Heartsaver First Aid  Heartsaver Pediatric First Aid, CPR w/ AED  Heartsaver First Aid, CPR w/AED  I certify the following for this course:  \_\_\_ All students had access to a current workbook before, during, and after the course.  \_\_\_ The current AHA DVD was utilized.  \_\_\_ All students completed an evaluation.  \_\_\_ All students completed a skills assessment.  **1.** Provided instruction and help during my skills practice session**. \_\_\_\_\_**Yes **\_\_\_\_\_**No  **2.** Answered all of my questions.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No  **3.** Was professional and courteous to the students.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No  **4**. Spoke at a level of terminology I understood.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No  **5**. Demonstrates in-depth knowledge of subject.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No  **6**. Encouraged your participation through questions & answers.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No  **7**. Made the subject matter understandable  **\_\_\_\_\_**Yes **\_\_\_\_\_**No  **8**. Used varied techniques to keep your attention  **\_\_\_\_\_**Yes **\_\_\_\_\_**No  **9**. Overall evaluation of the instructor  **\_\_\_\_\_**Excellent \_\_\_\_\_Good \_\_\_\_\_Fair **\_\_\_\_\_**Poor | **Course content**  **1**. The course learning objectives were clear.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No  **2.** The overall level of difficulty of the course was  \_\_\_\_\_Too hard \_\_\_\_\_Too easy \_\_\_\_\_Appropriate  **3.** The content was presented clearly.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No  **4.** The quality of written materials was  **\_\_\_\_\_**Excellent \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor  5**.** The equipment was clean and in good working condition.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No  **6**. The quality and pace of materials covered in the DVD was  **\_\_\_\_\_**Excellent \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor  **Student skill mastery**  **1.** The course prepared me to successfully pass the skills session.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No  **2.** I am confident I can use the skills the course taught me.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No \_\_\_\_\_Not sure  **3.** I will respond in an emergency because of the skills I learned in this course.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No **\_\_\_\_\_**Not sure  **4.** I took this course for employment purposes.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No  **5**. My instructor tested my skills utilizing AHA skills check sheets.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No  **6**. I certify I had access to a current course workbook before, during, and after this training session.  **\_\_\_\_\_**Yes **\_\_\_\_\_**No |

**Upon completion:**

Please turn this for into the Instructor or Training Center or mail to American Heart Association ECC Training Department 7272 Greenville Ave. Dallas, TX 75231

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