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 \_\_\_\_\_Poor5**.** 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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