

Rate Your Program

This course evaluation allows you to rate the training course you have just completed. This evaluation will provide your training provider with feedback on the quality of the instruction you received.

Program Name _____ ASHI MEDIC First Aid

Instructor _____ Date of Course _____

<i>Please rate the following course elements as indicated below. Place a check in the box that best represents your opinion of the quality of each element.</i>	4-Excellent	3-Good	2-Average	1-Poor
<i>Thank you for your help.</i>				
Course Presentation				
Organization, pace, and flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not too basic, not too complex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time allowed for skill practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased your confidence and ability to take action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor(s)				
Subject knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching ability (clear, concise, organized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demeanor (friendly, helpful, engaging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Materials				
Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PowerPoint®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online Training Component (if taken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location and Equipment				
Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Assessment				
How would you rate your emergency care skills BEFORE taking this class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate your emergency care skills AFTER taking this class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How willing would you be to respond in an emergency BEFORE taking this class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How willing would you be to respond in an emergency AFTER taking this class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall score for the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like most about this course? _____

What did you like least about this course? _____

Would you recommend this course to others? Yes No

Student input is an essential aspect of our ongoing quality assurance efforts. HSI requires that students be given the opportunity to evaluate their ASHI or MEDIC First Aid course using this Rate Your Program course evaluation form. You may also provide feedback directly to HSI at www.hsi.com/rateyourprogram.