## **Course Evaluation**

Which course did you just complete? (Circle all that apply)					
CPR/AED First Aid BBP BLS ACLS					
Lead Instructor:					
_ocation:Date:					
Please rate the statements below according to the following scale:  1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly a	gree	!			
Circle One					
The program met all of it's stated objectives.	1	2	3	4	5
Overall this course met my expectations.	1	2	3	4	5
The program content was relevant to my work and extended my knowledge.	1	2	3	4	5
The equipment was adequate, clean and in working order.	1	2	3	4	5
The method of presentation enhanced my learning experience.	1	2	3	4	5
The audiovisual materials (ie, videos) enhanced the presentation.	1	2	3	4	5
The program resource materials (ie, textbooks, outlines, handouts) were useful.	1	2	3	4	5
Course materials were provided to allow adequate preparation time.	1	2	3	4	5
The classroom environment was conducive to learning.	1	2	3	4	5
There were adequate and appropriate physical facilities for this course.	1	2	3	4	5
I would recommend this course to my colleagues.	1	2	3	4	5
The program was presented at an appropriate pace conducive to learning.	1	2	3	4	5
Instructors presented the material with knowledge and clarity.	1	2	3	4	5
Instructors provided adequate and helpful feedback.	1	2	3	4	5
Please rate the instructors overall effectiveness.					
Were there any specific strengths or weaknesses in the course that you wou	ld lik	e to	con	nme	ent o