

Post-course Evaluation

Thank you for taking the course! Please tell us what you thought about it. Be as honest and detailed as you like.

Type of course: _____

Instructor: First Name: _____ Last Name: _____

Course Date: _____ Start Time: _____ AM PM End Time: _____ AM PM

Course Activities:

Did you practice any skills? *Circle all that apply*

- | | | | |
|-------------------|---------------|--------------------|----------------------|
| Adult CPR | Child CPR | Infant CPR | Using an AED |
| Choking Care | Glove Removal | Bleeding/Bandaging | First Aid Assessment |
| Auto-Injector Use | Splinting | Other: _____ | |

Did you take a hands-on skills exam? Yes No

What did you think about the workbook you were given?

What did you think about the videos you saw?

Your Instructor:

Would you recommend your instructor for future courses? Yes No

Why?

Comments: What else can you tell us about your course? Did the training meet your needs?