



**American Heart Association Emergency Cardiovascular Care Program**

**Course Evaluation**

**Instructions:** Please take a moment to complete this evaluation of the course in which you just participated. We want to provide excellent courses, and we value your opinion. Your comments will be used to make ongoing improvements in our program. Please refer to the rating scale provided below. Thank you for your participation.

Date: Which course did you just complete? (Circle one) BLS ACLS PALS

Name of Course:

Course Director/Lead Instructor: Name of Training Center:

Date(s) of Course: Length: Location: Check one: MD/DO RN Paramedic Other (Please specify)

Reason for taking this course:

**1 ----------------------------- 2 ------------------------- 3 ------------------- 4 ---------------------------- 5**

**Strongly Disagree Disagree Neutral Agree Strongly Agree**

Circle one

1. The program met its stated objectives. 1 2 3 4 5

2. Overall this course met my expectations. 1 2 3 4 5

3. The program content was relevant to my work and extended my knowledge. 1 2 3 4 5

4. There was an adequate supply of equipment that was clean and in good 1 2 3 4 5 working order.

5. The method of presentation (ie, large-group discussions, videos, scenarios) 1 2 3 4 5 enhanced my learning experience.

6. The audiovisual materials (ie, posters, PowerPoint(s) slides, case discussions, 1 2 3 4 5 videos) enhanced the presentation.

7. The program resource materials (ie, textbooks, outlines, handouts) were 1 2 3 4 5 useful.

8. Course materials, including the appropriate AHA textbook, were provided 1 2 3 4 5 to allow adequate preparation time.

9. The classroom environment was conducive to learning. 1 2 3 4 5

10. There were adequate and appropriate physical facilities for this course. 1 2 3 4 5

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 11. | I would recommend this course to my colleagues. | 1 | 2 | 3 | 4 | 5 |
| 12. | The program was presented at an appropriate pace conducive to learning. | 1 | 2 | 3 | 4 | 5 |
| 13. | Instructors presented the material with knowledge and clarity. | 1 | 2 | 3 | 4 | 5 |
| 14. | Instructors provided adequate and helpful feedback | 1 | 2 | 3 | 4 | 5 |

Please rate the instructor’s overall effectiveness: **1 ---------- 2 ---------- 3 ------------------- 4 ------------ 5**

**Poor Fair Satisfactory Good Excellent**

**Instructor and Topic 1 2 3 4 5 Comments**

**Please use this space to make any additional comments:**

**Were there any specific strengths or weaknesses of the program that you would like to comment on?**

**(Optional)**

**If you would like feedback on your comments, please fill out the following:**

Name Address Phone

**Signature (required if any action is being requested) ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please submit your comments to the Instructor at course end.

***Thank you for your participation!***

