

## Course Evaluation

Course Date: \_\_\_\_\_

Course Type: CPR First Aid ACLS PALS PEARS NRP Other: \_\_\_\_\_

Course Director/Instructors: \_\_\_\_\_

Location: \_\_\_\_\_

Circle Your Credentials: MD/DO ARNP/PA RN RT LPN/LVN MA/CNA EMS Provider Dentist

Other (Please specify): \_\_\_\_\_

Reason for taking this course: \_\_\_\_\_

**1**  
Strongly Disagree
**2**  
Disagree
**3**  
Neutral
**4**  
Agree
**5**  
Strongly Agree

Circle One

- |   |           |
|---|-----------|
| 1. Overall this course met my expectations.   | 1 2 3 4 5 |
| 2. The program content was relevant to my work and extended my knowledge.   | 1 2 3 4 5 |
| 3. There was an adequate supply of equipment that was clean and in good working order.                            | 1 2 3 4 5 |
| 4. The method of presentation (i.e., large-group discussions, videos, scenarios) enhanced my learning experience. | 1 2 3 4 5 |
| 5. The classroom environment was conducive to learning.   | 1 2 3 4 5 |
| 6. Instructors provided adequate and helpful feedback.  | 1 2 3 4 5 |

**Please rate the instructor's overall effectiveness (Circle One):**

Poor
Fair
Satisfactory
Good
Excellent

**Would you refer a friend/colleague to take this course?**    Yes    No

**Additional Comments (Please Print):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please submit your comments to the Instructor at course end or, if you prefer, you can mail this form directly to the Cascade Training Center National Operations Office:

Cascade Training Center  
 101 Nickerson St. Suite 200  
 Seattle, WA 98109

You may also mail this form directly to the American Heart Association.  
 (Call 1-888-CPR-LINE for the most current AHA ECC address.)

If you would like a CHS Training Center Coordinator to contact you regarding your comments or evaluation, please note this in the comments section and provide the following contact information:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_