



Post Course Evaluation

Name: (optional) _____ Date: _____

Please comment honestly on the following. Your comments will help us to strengthen our program and make positive changes.

1. Did the program meet your expectations? _____

2. Was grading fair and unbiased? _____

3. Do you feel prepared to enter the EMS profession at an entry level? _____

4. Were instructors knowledgeable and invested in your future? _____

5. Was equipment adequate and in good working order? _____

6. Do you feel your investment of time and money was well spent? _____

7. Please comment on the length of the course and class schedule. _____

8. Please comment on your experience at the clinical sites – overall experience. _____

9. Please comment on your internship experience. _____

10. Where did you do your internships (City, Station, and Shift) and what would you change about your preceptors? _____

11. Please comment on the EMTS facilities. _____

12. What subjects do you feel were not covered well enough? _____

13. Do you have any suggestions for changes to the program? _____