

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.

1. Which course did you just complete?

BLS ACLS PALS

Name of Course: _____

Name of Instructor: _____

Name of Training Center: _____

2. Date of course: _____ Location: _____ Length: _____

3. Your profession and your reason for taking this course: _____

4. Please indicate your overall impression of this course:

Excellent Good Fair Poor

Comments: _____

5. The course objectives were met by the course presenters: Yes No

Comments: _____

6. There was an adequate supply of equipment that was clean, sanitary, and in good working order:

Yes No

7. Were there enough manikins to allow you adequate skills practice? Yes No

Comments: _____

8. There were adequate and appropriate physical facilities for this course: Yes No

Comments: _____

9. Instructors presented the material with knowledge and clarity:

Excellent Satisfactory Needs Improvement

Comments: _____

10. Instructors provided adequate and helpful feedback:

Excellent Satisfactory Needs Improvement

Comments: _____

11. Course materials, including the appropriate AHA textbook, were provided to allow adequate preparation time: Yes No

Comments: _____

12. Additional comments? (Use back of page if necessary.)

Please submit your comments to the Instructor at course end, or call 1-888-CPR-LINE for the Regional ECC Office address.