

# American Heart Association Emergency Cardiovascular Care Program Family & Friends™ CPR Program Evaluation



Our goal is to ensure that we are providing an effective program that meets your needs and expectations. We value your opinion and need your feedback. Please take a moment to complete this program evaluation. The administrator of this program will review your ratings and comments on the delivery, facilities, instructor, and overall satisfaction with the program.

## Administration and Facilities

Date of program? \_\_\_\_\_

Who were the Instructors? \_\_\_\_\_

Where was the program held? \_\_\_\_\_

*Circle a number that matches your opinion on each statement.*

It was easy to enroll in the program.

I received my *Family & Friends™ Student Book* in time for me to read the pre-class assignments.

The program facilities were adequate.

There was enough equipment available for everyone to practice skills with little “standing around” time.

The equipment was clean and in good working order.

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

## Instruction

*Circle a number that matches your opinion on each statement.*

My instructor communicated clearly.

The instructor answered my questions.

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

## Satisfaction — Why did you take this program?

*Circle a number that matches your opinion on each statement.*

I would recommend this program to others.

I can apply the skills I learned.

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

Any comments you would like to make on the delivery, facilities, instructor, and overall satisfaction with the program?

---

---

*Please return your completed course evaluation to your instructor or your regional ECC office.*