

# COURSE EVALUATION



INSTRUCTOR: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

**COURSES PARTICIPATED IN (Check all that apply):**

T-E-A-M  
CPR and AED

Basic  
First Aid

Blood-borne  
Pathogens & OPIM

Emergency Oxygen  
Administration

T-E-A-M  
Kids

**INSTRUCTOR SECTION**

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
a. The instructor was punctual and well organized for class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The instructor demonstrated knowledge on the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The instructor was well-dressed and professional in appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The instructor related experiences to situations we could encounter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Comments about the instructor:*

**COURSE SECTION**

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
a. The Student Manual was informative and easy to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The movie was current, realistic and about the right length.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would recommend this course to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Comments about the course:*

**EQUIPMENT SECTION**

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
a. There was sufficient equipment for individual hands on practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The equipment was clean and in proper working order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The equipment (i.e. AED & barriers) matches what I have access to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Comments about the equipment:*

**\*OPTIONAL**

*If you wish to be contacted regarding additional courses or for more information, please feel free to include your information below:*

Name	E-mail	Phone
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