

T-E-A-M E.R.T. Training Series

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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