

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 describe 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
Were there enough manikins to allow you adequate skills practice? Yes No
Comments: _____
7. There were adequate and appropriate physical facilities for this course. Yes No
Comments: _____
8. Instructors presented the material with knowledge and clarity.
 Excellent Satisfactory Needs Improvement
Comments: _____
9. Instructors provided adequate and helpful feedback.
 Excellent Satisfactory Needs Improvement
Comments: _____
10. Course materials, including the appropriate AHA textbook, were provided to allow adequate preparation time. Yes No
Comments: _____
11. 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.