

**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?

Name of Course: _____

Name of Coordinator or Lead Instructor: _____

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 presenters met the course objectives. 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 made available before, during and after the course. Yes No

Comments: _____

11. Additional comments and suggestions for future courses? (Use back of page.)

Please submit your comments to the Instructor at course end. If you wish to provide your comments directly to the Training Center Coordinator, Tidewater Center for Life Support Training please call or write to the address below or call the American Heart Association, 1-888-CPR-LINE.

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