

American Heart Association Emergency Cardiovascular Care Program Course Evaluation

Name of Course: _____

Course Director/ Lead Instructor: _____

Location: _____ Date: _____

1 **2** **3** **4** **5**
Strongly Disagree **Disagree** **Neutral** **Agree** **Strongly Agree**
Circle one

The program met all of it's stated objectives	1	2	3	4	5
Overall, this course met my expectations	1	2	3	4	5
The program content was relevant to my work and extended my knowledge	1	2	3	4	5
There was an adequate supply of equipment that was clean and in good working order	1	2	3	4	5
The method of presentation (large group discussion, videos, scenarios) enhanced my learning experience	1	2	3	4	5
The audiovisual materials (videos) enhanced the presentation	1	2	3	4	5
The program resource materials (textbooks, outlines, handouts) were useful	1	2	3	4	5
Course materials were provided to allow adequate preparation time	1	2	3	4	5
The classroom environment was conducive to learning	1	2	3	4	5
There were adequate and appropriate physical facilities for this course	1	2	3	4	5
I would recommend this course to my colleagues	1	2	3	4	5
The program was presented at an appropriate pace conducive to learning	1	2	3	4	5
Instructors presented the material with knowledge and clarity	1	2	3	4	5
Instructors provided adequate and helpful feedback	1	2	3	4	5

Please rate the instructor's overall effectiveness:

1 **2** **3** **4** **5**
Poor **Fair** **Satisfactory** **Good** **Excellent**

Instructor and Topic	1	2	3	4	5	Comments

Return this evaluation to your instructor or regional ECC office. (call 1-888-CPR-LINE for the address).

Please make any additional comments on back. If you would like feedback on your comments please include your name and contact information on the back as well.