Instructions: Please take a moment to complete this evaluation for the course in which you just participated. We hope to provide quality training and value your feedback for continued improvement.

<table>
<thead>
<tr>
<th>Which course did you complete:</th>
<th>PROVIDER</th>
<th>REFRESHER</th>
<th>HEARTSAVER</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
</table>

Name of Training Site:  
Lead Instructor:  
Date(s) of Course:  
Type of Course (BLS/Heartcode/CPR-AED):  

Course Content:

1. The course learning objectives were clear?  
   Yes [ ]  No [ ]  
2. The overall level of difficulty of the course was?  
   Easy [ ]  Appropriate [ ]  Difficult [ ]  
3. The content was presented clearly?  
   Yes [ ]  No [ ]  
4. The quality of videos and written materials was?  
   Excellent [ ]  Good [ ]  Fair [ ]  Poor [ ]  
5. The equipment was clean and in good working condition?  
   Yes [ ]  No [ ]  
6. Did this course meet your learning needs (visual, auditory, didactic, kinetic, etc.)?  
   Yes [ ]  No [ ]  

Skill Mastery:

1. The course prepared me to successfully pass the skills session?  
   Yes [ ]  No [ ]  
2. I am confident I can use the skills the course taught me?  
   Yes [ ]  No [ ]  Not Sure [ ]  
3. I will respond in an emergency because of the skills I learned in this course?  
   Yes [ ]  No [ ]  Not Sure [ ]  
4. I took this course to obtain professional education credit or continuing education credit?  
   Yes [ ]  No [ ]  

My Instructor:

1. Provided instruction and help during my skills practice session?  
   Yes [ ]  No [ ]  
2. Answered all of my questions before my skills test?  
   Yes [ ]  No [ ]  
3. Was professional and courteous to the students?  
   Yes [ ]  No [ ]  
4. Please rate the overall quality of the instructor(s):  
   Excellent [ ]  Good [ ]  Fair [ ]  Poor [ ]  

Were there any strengths or weakness of the course that you would like to comment on?

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

Do you have any recommendations to improve this course?

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Contact Information (Optional)

Student Name :  
Contact Number:  
E-mail Address:  

Your comments will be used to make ongoing improvements in our program. Thank you for your participation.