

Military Training Network BLS Course Evaluation

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.

Which course did you complete: PROVIDER	REFRESHER	HEARTSAVER	INSTRUCTOR
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?

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.