

**American Heart Association Emergency Cardiovascular Care Program  
Summary of Course Evaluations**

Training Center  
Addison Fire Protection District  
10 S. Addison Rd., Addison, IL 60101  
TC Coordinator: Brock Herion  
(630) 628-3100 Fax: (630) 543-9742

Training Site



Date of Course: \_\_\_\_\_ Location: \_\_\_\_\_ Length: \_\_\_\_\_  
Name of Course Director/Coordinator: \_\_\_\_\_  
Name of Lead Instructor: \_\_\_\_\_  
Names of assisting instructors: \_\_\_\_\_  
\_\_\_\_\_

AHA Course:    Healthcare Provider    Heartsaver    Friends & Family    ACLS    PALS  
Type of course:    New                    Renewal  
Sections completed:    CPR    AED    Adult    Peds    First Aid    Environmental    Infant

Total number of evaluations for course: \_\_\_\_\_

**Total score from evals      Highest possible score      Percent**

- The course objectives were met
- Overall this course met my expectations
- The program content was relevant and extended my knowledge
- Enough manikins to allow you adequate skills practice
- Method of presentation (instructor, group discussion, scenarios, etc.) enhanced the learning experience
- Audiovisuals presented the material with knowledge and clarity
- The program resource materials were useful (books, handouts, etc.)
- Course materials were made available to allow for adequate prep time
- The classroom environment was conducive to learning
- Adequate and appropriate physical facilities for this course
- I would recommend this course to others
- The program pace was conducive to learning
- Instructors presented material with knowledge and clarity
- Instructors provided adequate and helpful feedback
- I would recommend the instructor(s)

**Total overall evaluation score: \_\_\_\_\_      Overall highest possible score: \_\_\_\_\_**

**Overall class percent(90% or better): \_\_\_\_\_**

Form can be hand-written, typed, or computer generated.  
All course comments need to be listed on the back side of this form.  
Scores less than 80% will receive a contact from the Training Center.  
All original rosters and evaluations need to be kept on file for three years.

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**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. Your comments will be used to make ongoing improvements in our program. Please refer to the rating scale provided below. Thank you for your participation.

Date of Course: \_\_\_\_\_ Location: \_\_\_\_\_ Length: \_\_\_\_\_

Name of \_\_\_\_\_ Lead \_\_\_\_\_ Instructor: \_\_\_\_\_

\_\_\_\_\_ Your profession: \_\_\_\_\_

\_\_\_\_\_ Reason for taking the course: \_\_\_\_\_

*Please circle correct choice.*

Which course did you just complete?  Healthcare Provider  Heartsaver  Friends & Family

Type of course:  New  Renewal

Sections completed:  CPR  AED  Adult  Peds  First Aid  Environmental  Infant

1	2	3	4	5
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
The course objectives were met			1 2 3 4 5	
Overall this course met my expectations			1 2 3 4 5	
The program content was relevant and extended my knowledge			1 2 3 4 5	
Enough manikins to allow you adequate skills practice			1 2 3 4 5	
Method of presentation (instructor, group discussion, scenarios, etc.) enhanced the learning experience			1 2 3 4 5	
Audiovisuals presented the material with knowledge and clarity			1 2 3 4 5	
The program resource materials were useful (books, handouts, etc.)			1 2 3 4 5	
Course materials were made available to allow for adequate prep time			1 2 3 4 5	
The classroom environment was conducive to learning			1 2 3 4 5	
Adequate and appropriate physical facilities for this course			1 2 3 4 5	
I would recommend this course to others			1 2 3 4 5	
The program pace was conducive to learning			1 2 3 4 5	
Instructors presented material with knowledge and clarity			1 2 3 4 5	
Instructors provided adequate and helpful feedback			1 2 3 4 5	
I would recommend the instructor(s)			1 2 3 4 5	

Please use the backside of this evaluation form for any additional comments or suggestions. You can submit this form to the Instructor, mail it to the Training Center address above or call 1-888-CPR-LINE for the Regional ECC office address. You can also contact the TC Coordinator at the above phone number.

*Thank you for your participation!*

Course Disclaimer: "The AHA strongly promotes knowledge and proficiency in BLS, ACLS and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA, and any fees charged for such course do not represent income to the AHA.