

ECC Course Evaluation

For ACLS, BLS for Healthcare Providers and PALS Classroom Courses

Date: _____ Instructors _____

Training Course: _____

Please answer this following questions about your Instructors			3. I will respond in an emergency because of the skills I learned in this course. Yes No Not sure												
1. Provided Instruction and help during my skills practice sessions <table border="1"> <tr> <td>Instructor name</td> <td>Instructor name</td> <td>Instructor name</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>a. Yes</td> <td>a. Yes</td> <td>a. Yes</td> </tr> <tr> <td>b. No</td> <td>b. No</td> <td>b. No</td> </tr> </table>			Instructor name	Instructor name	Instructor name	_____	_____	_____	a. Yes	a. Yes	a. Yes	b. No	b. No	b. No	4. I took this course to obtain professional education credit or continuing education credit Yes No Please comment on the following questions Do you prefer online or classroom learning. _____ _____
Instructor name	Instructor name	Instructor name													
_____	_____	_____													
a. Yes	a. Yes	a. Yes													
b. No	b. No	b. No													
2. Answered all of my questions before my skills test <table border="1"> <tr> <td>c. Yes</td> <td>c. Yes</td> <td>c. Yes</td> </tr> <tr> <td>d. No</td> <td>d. No</td> <td>d. No</td> </tr> </table>			c. Yes	c. Yes	c. Yes	d. No	d. No	d. No	What do you feel are the strengths of this course? _____ _____ _____						
c. Yes	c. Yes	c. Yes													
d. No	d. No	d. No													
3. Was professional and courteous to the students <table border="1"> <tr> <td>e. Yes</td> <td>e. Yes</td> <td>e. Yes</td> </tr> <tr> <td>f. No</td> <td>f. No</td> <td>f. No</td> </tr> </table>			e. Yes	e. Yes	e. Yes	f. No	f. No	f. No	What do you feel are the weakness or ways this course could have been improved? _____ _____						
e. Yes	e. Yes	e. Yes													
f. No	f. No	f. No													
Please answer the following questions about the course content															
1. The course learning objectives were clear Yes No															
2. The overall level of difficulty of the course was To Hard Too Easy Appropriate			What would you like to see in future courses developed by the AHA? _____ _____												
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			Other comments/suggestions to help us improve _____ _____												
Please answer the following questions about your skills mastery.															
1. The course prepared me to successfully pass the skills sessions Yes No															
2. I am confident I can use the skills the course taught me. Yes No Not sure			After Completing This Evaluation: Please return this evaluation to your Faculty member before you leave the class. Alternatively, you can send the evaluation to your Training Center. Ask your Faculty member for the contact information. If you have significant problems or concerns with your course, please contact the AHA at 877-AHA 4CPR												