

BLS COURSE EVALUATION FORM

Date:		Time:		Location:	
Student Name: (optional)				Type of Program:	

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.

Please complete the survey using following scale:

- | | | |
|--------------------|-----------------------|---------------------|
| 5 - Strongly Agree | 4 - Agree | 3 - Somewhat Agree |
| 2 - Disagree | 1 - Strongly Disagree | NA - Does Not Apply |

		5	4	3	2	1	NA
1.	The book was useful.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	The watch- then -practice video was helpful.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	The information presented was easy to understand.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	The faculty answered my questions.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	I learned something new from this class.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	The program met my expectations.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	I am confident in my ability to perform CPR and / or FA.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Things I liked about the class:		<input style="width: 100%;" type="text"/>					
9. Things I disliked about the class:		<input style="width: 100%;" type="text"/>					
10. Other Comments/Suggestions:		<input style="width: 100%;" type="text"/>					

INSTRUCTORS:

		5	4	3	2	1	NA
1. Name:							
A.	Was knowledgeable and prepared	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B.	Used effective teaching methods	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:		<input style="width: 100%;" type="text"/>					

		5	4	3	2	1	NA
2. Name:							
A.	Was knowledgeable and prepared	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B.	Used effective teaching methods	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:		<input style="width: 100%;" type="text"/>					

RETURN EVALUATION FORM TO:
College of Medical Training & MEDICAL TRAINING Consultants Institute (MTCI)
 An AHA designate Training Center
 Mailing: 9100 Bridgeport Way SW., Lakewood, WA 98499
 Office: (253) 566-8282 or 1-88-TRAINING Fax: (253) 566-8262