

# Evaluation Summary

Name of Course \_\_\_\_\_

Name of Coordinator or Lead Instructor \_\_\_\_\_

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

## Evaluation of Instructor(s)

1. Provided instruction and help during my skills practice session..... Yes (#) \_\_\_\_\_ No (#) \_\_\_\_\_
2. Answered all of my question before my skill test..... Yes (#) \_\_\_\_\_ No (#) \_\_\_\_\_
3. The instructor(s) were profession and courteous to the students..... Yes (#) \_\_\_\_\_ No (#) \_\_\_\_\_

## Course Content

1. The course learning objectives were clear..... Yes (#) \_\_\_\_\_ NO (#) \_\_\_\_\_
2. The overall level of difficulty of the course was..... Too Hard \_\_\_\_\_ Too Easy \_\_\_\_\_ Appropriate \_\_\_\_\_
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 (#) \_\_\_\_\_

## 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 (#) \_\_\_\_\_

## Optional Questions

1. Have you previously taken this course via another method, such as in a classroom or online? Which learning method do you prefer and why?  
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2. Were there any strengths or weaknesses of the course that you would like to comment on?  
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3. What would you like to see in future courses developed by the AHA?  
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