

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

Heartsaver/Healthcare/BLS Course Evaluation

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: \_\_\_\_\_ Course instructor: \_\_\_\_\_

Which course did you just complete? (circle one) BLS Heartsaver Healthcare

Location: \_\_\_\_\_

Check one: \_\_\_MD/OD \_\_\_RN \_\_\_Paramedic/EMT \_\_\_Other (please specify)\_\_\_\_\_

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

1-----2-----3-----4-----5-----
Strongly Disagree Disagree Neutral Agree Strongly Agree

Circle One

- 1. The program met its stated objectives. 1 2 3 4 5
2. Overall, this course met my expectations. 1 2 3 4 5
3. The program content was relevant to my work and extended my knowledge. 1 2 3 4 5
4. There was an adequate supply of equipment that was clean and in good working order. 1 2 3 4 5
5. The method of presentation (i.e., large group discussions, videos, scenarios) enhanced my learning experience. 1 2 3 4 5
6. The audiovisual materials (i.e., posters, PowerPoint(s), case discussions, videos) enhanced the presentation. 1 2 3 4 5
7. The program resource materials (i.e., textbooks, outlines, handouts) were useful. 1 2 3 4 5
8. Course materials, including the appropriate AHA textbook, were provided to allow adequate preparation time. 1 2 3 4 5
9. The classroom environment was conducive to learning. 1 2 3 4 5
10. There were adequate and appropriate physical facilities for this course. 1 2 3 4 5
11. I would recommend this course to my colleagues. 1 2 3 4 5
12. The program was presented at an appropriate pace conducive to learning. 1 2 3 4 5
13. Instructors presented the material with knowledge and clarity. 1 2 3 4 5
14. Instructors provided adequate and helpful feedback. 1 2 3 4 5

Please rate the instructor's overall effectiveness: 1-----2-----3-----4-----5-----  
Poor Fair Satisfactory Good Excellent

Instructor & Topic	1	2	3	4	5	Comments

Please use this space to make any additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were there any specific strengths or weaknesses of the program that you would like to comment on? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**(Optional) If you would like feedback on your comments, please fill out the following:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature (required if any action is being requested) \_\_\_\_\_

Please submit your comments to the Instructor at course end, or if you prefer, you can mail this form directly to  
**East Lake Fire Rescue**  
**Attn: CPR Evaluations**  
**3375 Tarpon Lake Blvd.**  
**Palm Harbor, FL 34685.**