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----------

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<th>Instructor &amp; Topic</th>
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Please use this space to make any additional comments:
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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.