# American Heart Association Course Evaluation

**Date of course** ______________  **Location** ________________________________________________

**Instructor(s)** __________________________________________________________________________

<table>
<thead>
<tr>
<th>Please answer the following questions about the <strong>course content:</strong></th>
<th>Please answer the following questions about your <strong>skill mastery:</strong></th>
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</thead>
</table>
| 1. The course objectives were clear  
   a. Yes  
   b. No  
  2. The overall level of difficulty of the course was:  
   a. Too hard  
   b. Too easy  
   c. Appropriate  
  3. The content was presented clearly  
   a. Yes  
   b. No  
  4. The quality of videos and written material was:  
   a. Excellent  
   b. Good  
   c. Fair  
   d. Poor  
  5. The equipment was clean and in good working condition  
   a. Yes  
   b. No  | 1. The course prepared me to successfully pass the skills session  
   a. Yes  
   b. No  
  2. I am confident I can use the skills the course taught me  
   a. Yes  
   b. No  
   c. Not sure  
  3. I will respond in an emergency because of the skills I learned in this course  
   a. Yes  
   b. No  
   c. Not sure  
  4. I took this course to obtain professional education credit or continuing education credit  
   a. Yes  
   b. No |

<table>
<thead>
<tr>
<th>Please answer the following questions about your <strong>Instructor or Skills Evaluator:</strong></th>
<th><strong>Optional Questions:</strong></th>
</tr>
</thead>
</table>
| 1. Provided instruction and help during my skills practice session  
   a. Yes  
   b. No  
  2. Answered all of my questions before my skills test  
   a. Yes  
   b. No  
  3. Was professional and courteous to the students  
   a. Yes  
   b. No  | Have you previously taken the course via another method, such as in the classroom or online? ______________

If so, which method do you prefer and why?

_______________________________________________  
_______________________________________________  
Were there any strengths or weaknesses in the course that you would like to comment on?

_______________________________________________  
_______________________________________________

What would you like to see in future courses developed by the AHA?

_______________________________________________  
_______________________________________________ |

**Other Comments:**  
____________________________________________________________________________________

**After Completing This Evaluation:**

Please return this evaluation to your Instructor before you leave the class. Alternately, you can send your evaluation to your Instructor’s Training Center. Ask your Instructor for the contact information. If you have significant problems or concerns, please contact the AHA at 877-AHA – 4CPR