



AMERICAN HEART ASSOCIATION COURSE EVALUATION

(CIRCLE COURSE)

HEARTSAVER AED/CPR BLS FIRST AID ACLS PALS

Date of course _____ Location _____

Instructor(s) _____

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| <p>Please answer the following questions about the course content:</p> <ol style="list-style-type: none"> The course objectives were clear <ol style="list-style-type: none"> Yes No The overall level of difficulty of the course was: <ol style="list-style-type: none"> Too hard Too easy Appropriate The content was presented clearly <ol style="list-style-type: none"> Yes No The quality of videos and written material was: <ol style="list-style-type: none"> Excellent Good Fair Poor The equipment was clean and in good working condition <ol style="list-style-type: none"> Yes No | <p>Please answer the following questions about your skill mastery:</p> <ol style="list-style-type: none"> The course prepared me to successfully pass the skills session <ol style="list-style-type: none"> Yes No I am confident I can use the skills the course taught me <ol style="list-style-type: none"> Yes No Not sure I will respond in an emergency because of the skills I learned in this course <ol style="list-style-type: none"> Yes No Not sure I took this course to obtain professional education credit or continuing education credit <ol style="list-style-type: none"> Yes No |
| <p>Please answer the following questions about your Instructor or Skills Evaluator:</p> <ol style="list-style-type: none"> Provided instruction and help during my skills practice session <ol style="list-style-type: none"> Yes No Answered all of my questions before my skills test <ol style="list-style-type: none"> Yes No Was professional and courteous to the students <ol style="list-style-type: none"> Yes No | <p>Optional Questions:</p> <p>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? _____ _____</p> <p>Were there any strengths or weaknesses in the course that you would like to comment on? _____ _____ _____</p> <p>What would you like to see in future courses developed by the AHA? _____ _____ _____</p> |

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