

Underwood-Memorial
Hospital



Training Center

American Heart Association

Emergency Cardiovascular Care Program

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.

Name of Course: _____ Lead Instructor: _____

Date(s) of Course: _____ Length: _____ Location: _____

Check one: ___ Health Care Provider ___ Other

Reason for taking this course: _____

Rating Scale

1 ----- 2 ----- 3 ----- 4 ----- 5

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

Check your response.

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

Please complete the other side.

Please rate the instructor's overall effectiveness by using the following rating scale and checking the appropriate column.

Rating Scale

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: _____

Address: _____

Phone: _____

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 either directly to:

UMH-MICU
 EMS Academy
 238 S Evergreen Ave
 Woodbury, NJ 08096
 (856) 384-1000

and/or

Regional ECC Office
 20 Speen St
 Framingham, MA 01701
 877-242-4277

Thank you for your participation!