

American Heart Association® Emergency Cardiovascular Care Program
Southern Region EMS Council, Inc.
Course Evaluation
2010

Instructions: Please complete an evaluation of this course. Your opinion helps provide quality ECC courses.

You may write additional comments or suggestions on the back of this page

Circle name of course:

*Family & Friends
CPR*

Heartsaver CPR

Heartsaver AED

*Heartsaver Pediatric
First Aid*

*Family & Friends
First Aid for Children*

*Heartsaver CPR
in Schools*

*Heartsaver
First Aid*

*Healthcare Provider
(BLS for)*

Name of Instructor: _____

Date of course: _____ Location of course: _____ Hours of course: _____

Your profession: _____

Your reason for taking this course: _____

1. Please circle your overall impression of this course:

Excellent

Satisfactory

Needs Improvement

2. The course presenters met the course objectives.

Agree

Disagree

3. There was an adequate supply of equipment that was sanitary and in good working order.

Agree

Disagree

4. There were enough manikins to allow you adequate skills practice.

Agree

Disagree

5. The course was presented at an adequate and appropriate physical location.

Agree

Disagree

6. The instructor/s presented this material with knowledge and clarity.

Agree

Disagree

7. The instructor/s provided adequate and helpful feedback.

Agree

Disagree

8. The course materials (including the appropriate AHA® textbook) were provided to allow adequate preparation time.

Agree

Disagree

Submit this course evaluation to your instructor at the course end or mail it to:

Nadine Rohrick, Administrator
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(907) 562-6449

and / or

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