Training Concepts

Course Evaluation

Date ___/___/___

☐ HCP ☐ Heartsaver AED ☐ Heartsaver: Adult/Child/Infant

☐ 1st Aid Pediatric ☐ 1st Aid Adult ☐ Friends and Family/1st Aid/CPR

Please rate this class and supply helpful comments for future courses.

1 – Poor 2 - Fair 3 –Good 4 - Great

Course Video	1	2	3	4
Comments:_____				
Practice While Watching Format	1	2	3	4
Comments:_____				

The instructors were prepared and effective throughout the program.

Strongly Agree Agree Disagree

Overall the course was well organized.

Strongly Agree Agree Disagree

Would you take another class taught by these instructors? YES _____ NO _____

Why? _____

General Comments

What aspect of this program do you think needs improvement?

Did you have sufficient manikins & equipment for hands on practicing?

Rate your confidence in the skills that are applicable to the course:

1–Not Confident 2–Reasonably Confident 3–Very Confident

CPR	1	2	3
Choking	1	2	3
AED (If applicable)	1	2	3
1st Aid (If applicable)	1	2	3

How many students were in this class? _____ How many instructors? _____

Instructor Name(s):_____

Please call 708.596.3155 with any concerns you had with this class.

Updated 8/08