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Date:	/	/

## **Course Evaluation**

Please check the type of course you took:

- □ BLS Provider □ Heartsaver CPR/AED □ First Aid Only
- ☐ First Aid/CPR/AED ☐ Pediatric First Aid ☐ Friends and Family

Please rate this class and supply helpful comments for future courses.						
1 – Poor	2 — Fair	3 –Good	4 - Great			
2015 Guidelines Course DVI	D 1	2	3	4		
Practice While Watching Fo	rmat 1	2	3	4		
The instructors were prepared and effective throughout the program.						
	Strongly Agree	e Agree	Disagree			
Overall the course was well	organized.					
	Strongly Agree	e Agree	Disagree			
Would you take another cla	ss taught by this	instructor(s)?	Yes No			
Was there sufficient equipn	nent and manikin	s for hands on	practice? Yes	No		
If no, what was missing?	<del> </del>			<del></del>		

## **General Comments**

What aspect of this program do you think needs improvement?

Do you feel like you were allowed enough time for practice and questions?

Rate your confidence in the skills that are applicable to the course:						
1 –	Not Confident	2 – Reasonably Con	fident 3 – Very C	onfident		
CPR		1	2	3		
Choking		1	2	3		
AED		1	2	3		
First Aid		1	2	3		
How many stu	udents were in tl	his class?	Number of Instructo	ors?		
Instructor nar	me(s):					

If you have concerns about this class please call Training Concepts at 708.596.3155 or the AHA Customer Support Center: 1.888.CPR.LINE (1.888.277.5463).