# 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.**

<table>
<thead>
<tr>
<th>1 – Poor</th>
<th>2 – Fair</th>
<th>3 – Good</th>
<th>4 – Great</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>2015 Guidelines Course DVD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice While Watching Format</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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 this instructor(s)?

- [ ] Yes
- [ ] No

Was there sufficient equipment and manikins for hands on practice?

- [ ] Yes
- [ ] No

If no, what was missing?

_____________________________  ________________________________

**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?

<table>
<thead>
<tr>
<th>Rate your confidence in the skills that are applicable to the course:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Not Confident</td>
</tr>
<tr>
<td>CPR</td>
</tr>
<tr>
<td>Choking</td>
</tr>
<tr>
<td>AED</td>
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<tr>
<td>First Aid</td>
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</tbody>
</table>

How many students were in this class? _____  Number of Instructors? _____

Instructor name(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).