RATE YOUR PROGRAM

This course evaluation allows you to rate the training program you have completed. This evaluation provides your instructor and training program provider with feedback on the quality of training materials and instruction.

Class Information

1. What type of training class (CPR AED, Adult or Pediatric First Aid, BLS, etc.)?

2. What was the day of the class?

3. What was the primary instructor's first and last name or Registry number (listed on the certification card)?

	1 = Poor	2 = Below Average	3 = Average	4 = Above Average	5 = Excellent
Class Engagement					
4. Organization, Pace, and Flow	○	○	○	○	○
5. Not Too Basic, Not Too Complex	○	○	○	○	○
6. Time Allowed for Skill Practice	○	○	○	○	○
7. Teaching Effectiveness (knowledge, skill, appearance, behavior, class management)	○	○	○	○	○
Class Content					
8. Videos	○	○	○	○	○
9. Class Presentation	○	○	○	○	○
10. Skill Guide	○	○	○	○	○
11. Online Training Component (if taken)	○	○	○	○	○
12. Digital Student Book	○	○	○	○	○
13. Evaluation (Written Exam, Skill Performance Evaluation)	○	○	○	○	○

Self-Assessment

	1 = Poor	2 = Below Average	3 = Average	4 = Above Average	5 = Excellent
14. How would you rate your emergency care skills BEFORE taking this class?	◯	◯	◯	◯	◯
15. How would you rate your emergency care skills AFTER taking this class?	◯	◯	◯	◯	◯
16. How willing would you be to respond to an emergency BEFORE taking this class?	◯	◯	◯	◯	◯
17. How willing would you be to respond to an emergency AFTER taking this class?	◯	◯	◯	◯	◯

18. **Comments (what you liked most, what you liked least, etc.)**

19. **Would you recommend this course to others?**

- ◯ Yes
- ◯ No

20. **Email Address (Optional, but required if you want us to contact you)**