

**Individual Evaluation
ECC COURSE EVALUATION (FF, HS, HCP, ACLS, PALS)**



CLASS: _____

DATE: _____ **START TIME:** _____ **END TIME:** _____ **TOTAL TIME:** _____

INSTRUCTOR: _____ **LOCATION OF COURSE:** _____

Class

1. It was easy to enroll in the course
2. I had the Student Manual before, during and after class
3. The course facilities were adequate
4. There was enough equipment available for everyone to practice skills with little “standing around” time
5. The equipment was clean and in good working order

<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>

Instruction

1. My Instructor communicated clearly
2. My Instructor answered my questions

<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>

Satisfaction

Why did you take this course? _____

1. I would recommend this course to others
2. I can apply the skills I have learned

<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>

Any comments you would like to make on the delivery, facilities, instructor and overall satisfaction with the course? _____

After completing the evaluation, please give to your instructor before you leave the class. You may also contact the Training Center: CPR Consultants if you have significant problems or concerns: 1-866-990-2772, 919-850-9295, www.cprconsultants.com, info@cprconsultants.com.