



EMS Course/Instructor Evaluation

Date: _____

Course: _____

Location: _____

Instructor: _____

Now that you have completed your course, please complete the following:

4 = highest rating 1= lowest rating

1. Did the instructor demonstrate knowledge and explain the material clearly?

4 3 2 1

2. Did the instructor encourage feedback and class participation?

4 3 2 1

3. Did the class start/end on time?

4 3 2 1

4. Was the course content relevant to your needs in the practice of prehospital emergency medical care?

4 3 2 1

5. Was the classroom neat and clean and favorable to learning?

4 3 2 1

6. Did the course meet your expectations?

4 3 2 1

7. Did the course fulfill its stated objectives?

4 3 2 1

Suggestions/Comments: _____
