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: ____________________________________________________________
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________________________________________________________________________________
________________________________________________________________________________