



Course Evaluation Form

Your feedback is important to us to ensure an enjoyable and effective learning experience. It will be kept strictly confidential, and will be used to evaluate and improve the quality of instruction, instructional materials, and teaching environment. Please fax this form to (949) 388-2776, or mail it to EMS Safety Services, Inc., 1046 Calle Recodo, Suite K, San Clemente, CA 92673. Thank you for your assistance.

Date of course _____ Location _____
 Type of Course _____
 Instructor Name/Number _____

Please rate the following areas.

	(excellent		fair		poor)
COURSE INSTRUCTOR					
Professionalism	5	4	3	2	1
Organization	5	4	3	2	1
Subject Knowledge	5	4	3	2	1
Encouraging, Helpful	5	4	3	2	1
Fair and Impartial	5	4	3	2	1
Presentation	5	4	3	2	1
COURSE MATERIAL					
Student Workbook	5	4	3	2	1
Course Video	5	4	3	2	1
Additional Audiovisual Aides (Type _____)	5	4	3	2	1
COURSE CONTENT					
Comprehensive	5	4	3	2	1
Adequate Hands-on Training Time	5	4	3	2	1
Appropriate Level of Complexity	5	4	3	2	1
COURSE FACILITIES					
Equipment	5	4	3	2	1
Comfortable Facility	5	4	3	2	1

Please Comment on the following areas.

Do you feel adequately prepared to use your new skills when needed?

What did you like most about this course?

