American Heart Association®
Fighting Heart Disease and Stroke

American Heart Association Emergency Cardiovascular Care Program
Course Evaluation

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Instructions: Please take a moment to complete this evaluation of the course in which you just participated. We want to provide excellent courses, and we value your opinion.

1. Which course did you just complete?
   BLS ACLS PALS
   Name of Course: _____
   Name of Instructor: _____
   Name of Training Center: _____

2. Date of course: _____ Location: _____ Length: _____

3. Your profession and your reason for taking this course:_____
   _____

4. Please describe your overall impression of this course:
   Excellent Good Fair_____ Poor_____
   Comments:_____

5. The course objectives were met by the course presenters. Yes No
   Comments:_____

6. There was an adequate supply of equipment that was clean, sanitary, and in good working order. Yes No
   Were there enough manikins to allow you adequate skills practice? Yes No
   Comments:_____

7. There were adequate and appropriate physical facilities for this course. Yes No
   Comments:_____

8. Instructors presented the material with knowledge and clarity.
   Excellent Satisfactory Needs Improvement
   Comments:_____

9. Instructors provided adequate and helpful feedback.
   Excellent Satisfactory Needs Improvement
   Comments:_____

10. Course materials, including the appropriate AHA textbook, were provided to allow adequate preparation time. Yes No
    Comments:_____

11. Additional comments? (Use back of page if necessary.)

Please submit your comments to the Instructor at course end, or call 1-888-CPR-LINE for the Regional ECC Office address.