Date: _________________________________

Which course did you just complete? (Circle one)

BLS (CPR)          ACLS             PALS           PEARS

Name of Course: _______________________________________________________________________________

Course Director/Lead Instructor: __________________________________________________________________

Date(s) of Course: _____________________________ Length: _________________________________________

Location: ____________________________________________________________________________________

Check one: ____MD/DO ____RN ____Paramedic ____Other (Please specify)______________________________

Reason for taking this course: ____________________________________________________________________

Score each question using the following system:

1. The program met its stated objectives. 1 2 3 4 5
2. Overall this course met my expectations. 1 2 3 4 5
3. There was an adequate supply of equipment that was clean and in good working order. 1 2 3 4 5
4. The method of presentation (ie, large-group discussions, videos, scenarios) enhanced 1 2 3 4 5
   my learning experience.
5. The audiovisual materials (ie, posters, Power Point(s) slides, case discussions, videos) 1 2 3 4 5
   and textbooks enhanced the presentation.
6. Course materials, including the appropriate AHA textbook, were provided to allow 1 2 3 4 5
   adequate preparation time.
7. The classroom environment was conducive to learning and facility appropriate. 1 2 3 4 5
8. I would recommend this course to my colleagues. 1 2 3 4 5
9. Instructors presented the material with knowledge & clarity at an appropriate pace. 1 2 3 4 5
10. Instructors provided adequate and helpful feedback. 1 2 3 4 5

Please complete the reverse side to evaluate your Instructor.

Revised 4/2019
Score each question using the following system:

1  Strongly Disagree
2  Disagree
3  Neutral
4  Agree
5  Strongly Agree

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Additional Comments:
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(Optional)
If you would like feedback on your comments, please fill out the following:
Name: _________________________________________________
Address: _______________________________________________
Phone: _________________________________________________
Signature (required if any action is being requested) ________________________________________

Please submit your comments to the Instructor at course end, or if you prefer, you can mail this form directly to:

Iowa Western Community College
Cardiac Training Center, Looft Hall
2700 College Road, Council Bluffs, IA  51503
crc@iwcc.edu  1 712-325-3415

OR

AHA National Center
7272 Greenville Avenue
Dallas TX 75231
877.242.4277

Thank you for your participation!