



American Heart Association Emergency Cardiovascular Care Program Course Evaluation

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

Circle One

- 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 my learning experience. 1 2 3 4 5
5. The audiovisual materials (ie, posters, PowerPoint(s) slides, case discussions, videos) and textbooks enhanced the presentation. 1 2 3 4 5
6. Course materials, including the appropriate AHA textbook, were provided to allow adequate preparation time. 1 2 3 4 5
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.

**Please score your instructor(s) using the following system:**

- 1 - Unsatisfactory**
- 2 - Needs improvement**
- 3 - Average**
- 4 - Good**
- 5 - Excellent**

Instructor name and Topic	1	2	3	4	5	Comments

**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  
712.325.3446 | ctc@iwcc.edu

**OR**

AHA National Center  
7272 Greenville Avenue  
Dallas TX 75231  
877.AHA.4CPR

*Thank you for your participation!*