

**Emergency Cardiovascular Care Program  
Advanced Cardiovascular Life Support  
Course Evaluation**



Our goal is to ensure that we are providing an effective program that meets your needs and expectations. We value your opinion and need your feedback. Please take a moment to complete this course evaluation. The administrator of this program will review your ratings and comments on the delivery, facilities, instructor, and overall satisfaction with the course.

**Administration and Facilities**

Date of course? \_\_\_\_\_

Who were the instructors? \_\_\_\_\_

Where was the course held? \_\_\_\_\_

*Circle a number that matches your opinion on each statement.*

- It was easy to enroll in the course.
- I received my Student Workbook and CD in time for me to read and complete the precourse assignments.
- The course facilities were adequate.
- There was enough equipment available for everyone to practice skills with little "standing around" time.
- The equipment was clean and in good working order.

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

**Instruction**

*Circle a number that matches your opinion on each statement.*

- The instructor(s) communicated clearly.
- The instructor(s) answered my questions well.

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

**Satisfaction** – Why did you take this course? \_\_\_\_\_

\_\_\_\_\_

*Circle a number that matches your opinion on each statement.*

- I would recommend this course to others.
- I can apply the skills I learned.

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

Any comments you would like to make on the delivery, facilities, instructor, and overall satisfaction with the course? Please make your comments on the back of this form.