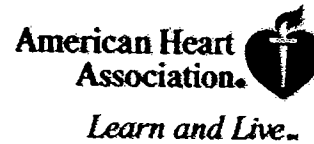


**Emergency Cardiovascular Care Program
Pediatric Advanced Life Support
Course Evaluation**



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.