

EMERGENCY MEDICAL SERVICES COURSE  
EVALUATION FORM

Name (optional) \_\_\_\_\_ Date \_\_\_\_\_

Course \_\_\_\_\_ Instructor \_\_\_\_\_

Please fill out this sheet to assist the instructor with meeting the course objectives. We need to know your opinions and will consider them in light of the course objectives. It is your chance to let us know how you feel.

	Poor	Fair	Adequate	Good	Excellent
1. Was the course well-organized?	1	2	3	4	5
2. In the text adequate?	1	2	3	4	5
3. Did the course meet the objectives as outlined in the Student Manual?	1	2	3	4	5
4. Were the audio-visuals of value?	1	2	3	4	5
5. Have you had sufficient use of training aids?	1	2	3	4	5
6. Were the guest lecturers helpful?	1	2	3	4	5
7. Have the Practical Work Instructors provided you with needed assistance in small group activities?	1	2	3	4	5
8. In general, the presentations have been	<input type="checkbox"/> interesting and valuable <input type="checkbox"/> interesting but not valuable <input type="checkbox"/> routine but valuable <input type="checkbox"/> boring but valuable <input type="checkbox"/> boring and not valuable				
9. Have you needed additional help?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Has extra help been available?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
10. Has the course	<input type="checkbox"/> exceeded your expectations? <input type="checkbox"/> met your expectations? <input type="checkbox"/> fallen short of your expectations?				

Comments \_\_\_\_\_

\_\_\_\_\_  
Please use the other side of the page to make any additional comments.