

## Course Evaluation

Please check the type of course you took:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Healthcare Provider | <input type="checkbox"/> Heartsaver CPR/AED  | <input type="checkbox"/> First Aid Only     |
| <input type="checkbox"/> First Aid/CPR/AED   | <input type="checkbox"/> Pediatric First Aid | <input type="checkbox"/> Friends and Family |

**Please rate this class and supply helpful comments for future courses.**

1 – Poor      2 – Fair      3 – Good      4 - Great

2010 Guidelines Course DVD	1	2	3	4
Practice While Watching Format	1	2	3	4

The instructors were prepared and effective throughout the program.

Strongly Agree      Agree      Disagree

Overall the course was well organized.

Strongly Agree      Agree      Disagree

Would you take another class taught by this instructor(s)?    Yes    No

Was there sufficient equipment and manikins for hands on practice?    Yes    No

If no, what was missing? \_\_\_\_\_

## General Comments

What aspect of this program do you think needs improvement?

Do you feel like you were allowed enough time for practice and questions?

**Rate your confidence in the skills that are applicable to the course:**

1 – Not Confident    2 – Reasonably Confident    3 – Very Confident

CPR	1	2	3
Choking	1	2	3
AED	1	2	3
First Aid	1	2	3

How many students were in this class? \_\_\_\_\_ Number of Instructors? \_\_\_\_\_

Instructor name(s): \_\_\_\_\_

If you have concerns about this class please call Training Concepts at 708.596.3155 or the  
AHA Customer Support Center: 1.888.CPR.LINE (1.888.277.5463).