

ECC Course Evaluation Summary

Please **tally your course evaluations** and turn in this summary with your course evaluations. Please include any poor evaluations. Also keep them with your course records for 3 years.

Date: _____ Instructor(s): _____

Course Location: _____

Course

☐ BLS for HEALTHCARE PROVIDER

☐ HEARTSAVER

Instructor or Skills Evaluator (write the number for each score)

1. (Provided help...) Yes _____ No _____
2. (Answered questions...) Yes _____ No _____
3. (Was professional...) Yes _____ No _____

Course content (write the number for each score)

1. (Objectives clear...) Yes _____ No _____
2. (Overall difficulty...) Too hard _____ Too easy _____ Appropriate _____
3. (Presented clearly...) Yes _____ No _____
4. (Quality of materials...) Excellent _____ Good _____ Fair _____ Poor _____
5. (Equipment...) Yes _____ No _____

Skill Mastery (write the number for each score)

1. (Course prepared me...) Yes _____ No _____
2. (I am confident...) Yes _____ No _____ Not sure _____
3. I will respond... Yes _____ No _____ Not sure _____
4. I took this for... Yes _____ No _____

Optional questions (write any notes made by student)

Do you prefer online or classroom courses:

Strengths & weaknesses:

Future course recommendations:
