



Course Evaluation Feedback Questionnaire



Instructions

Please take a moment to complete this evaluation of the Course in which you have just participated. We want to provide excellent Courses, and we value your opinion. Your comments will be used to make ongoing improvements in our program. Please refer to the rating scale provided below. Thank you for your participation!

Date:					
Which Course did you just complete? (Circle one)					
Heartsaver	BLS	PALS	PEARS	ACLS	ACLS-EP
Other course not listed:					
Course Director / Lead Instructor:					
Name of Training Site:					
Date(s) of Course:					
Course starting time:		Day 1:	Day 2:		
Course ending time:		Day 1:	Day 2:		
Location:					
Circle one:	Doctor	RN	Paramedic	Other (please specify):	
Reason for taking this Course:					

Circle the most appropriate response:		1	2	3	4	5
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	The program met its stated objectives	1	2	3	4	5
2.	Overall this course met my expectations	1	2	3	4	5
3.	The program content was relevant to my work	1	2	3	4	5
4.	The program extended my knowledge	1	2	3	4	5
5.	There was an adequate supply of equipment	1	2	3	4	5
6.	The equipment was clean and in good working order	1	2	3	4	5
7.	The method of presentation (discussions, videos, scenarios) enhanced my learning experience	1	2	3	4	5
8.	The audiovisual materials enhanced the presentation	1	2	3	4	5
9.	The program resource materials (textbook, handouts) were useful	1	2	3	4	5
10.	Course materials, including the appropriate AHA textbook, were provided timeously beforehand to allow adequate preparation time	1	2	3	4	5
11.	The classroom environment was conducive to learning	1	2	3	4	5
12.	Physical facilities were adequate and appropriate	1	2	3	4	5
13.	I would recommend this course to my colleagues	1	2	3	4	5
14.	The program was presented at an appropriate pace conducive to learning	1	2	3	4	5
15.	Instructors presented the material with knowledge and clarity	1	2	3	4	5
16.	Instructors provided adequate and helpful feedback	1	2	3	4	5

Please rate the instructor's overall effectiveness:	1 Poor	2 Fair	3 Satisfactory	4 Good	5 Excellent
Instructor name:	1	2	3	4	5
Instructor name:	1	2	3	4	5
Instructor name:	1	2	3	4	5

Comments: Please use this space to make any additional comments:

Were there any specific strengths or weaknesses of the program that you would like to comment on?

At the end of the Course, please submit your comments to your Instructor, or if you prefer, you can submit this form directly to the Resuscitation Council of Southern Africa (info@resus.co.za, or post to 72 Sophia Street, Fairland, Johannesburg, 2170).

OPTIONAL: If you would like feedback on your comments from the Resuscitation Council of Southern Africa, please fill out the following:
Name:
Address:
Phone:
Signature (required if any action is being requested)

Thank you for your participation!

"The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the AHA".