

# Marion County EMS

Name of Course: \_\_\_\_\_

Name of Instructor(s): \_\_\_\_\_

## Course Evaluation

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Name: (Required) \_\_\_\_\_

**Please rate the following aspects of the program and supply helpful comments for future courses**

1 - Poor	2 - Fair	3 - Effective	4 - Very Effective	5 - Excellent
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Please Circle 1

Please Circle 1

Please Circle 1

	x = N/A	Level for Audience	Achieved Objectives	Quality of Presentation
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<b>Instructor's Presentation</b>		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments	_____			

<b>Video/Audio Presentation</b>	<input style="width: 40px; height: 20px;" type="text"/>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments	_____			

<b>Video/Audio Discussion</b>	<input style="width: 40px; height: 20px;" type="text"/>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments	_____			

<b>Group Discussion</b>		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments	_____			

<b>Role Playing</b>	<input style="width: 40px; height: 20px;" type="text"/>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments	_____			

<b>Practice Scenarios</b>	<input style="width: 40px; height: 20px;" type="text"/>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments	_____			

<b>Peer Practice</b>	<input style="width: 40px; height: 20px;" type="text"/>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments	_____			