

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

Please Circle 1

Please Circle 1

Please Circle 1

x if
N/A

Level for
Audience

Achieved
Objectives

Quality of
Presentation

Instructor's Presentation

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Comments _____

Video/Audio Presentation

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Comments _____

Video/Audio Discussion

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Comments _____

Group Discussion

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Comments _____

Role Playing

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Comments _____

Practice Scenarios

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Comments _____

Peer Practice

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Comments _____