



**American Heart Association
Emergency Cardiovascular Care Program
Course Evaluation**

Instructions: Please take a moment to complete this evaluation of the course in which you 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.

Name of Course: _____ Lead Instructor: _____

Date(s) of Course: _____ Length: _____ Location: _____

Check one: ___ MD/DO ___ RN ___ Paramedic ___ Other (Please specify) _____

Reason for taking this course: _____

Rating Scale

1 ----- 2 ----- 3 ----- 4 ----- 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

Check your response.

Evaluation Item	1	2	3	4	5
1. The program met its stated objectives.					
2. Overall this course met my expectations.					
3. The program content was relevant to my work and extended my knowledge.					
4. There was an adequate supply of equipment that was clean and in good working order.					
5. The method of presentation (ie, self-directed learning, videos, scenarios) enhanced my learning experience.					
6. The audiovisual materials (ie, case discussions, videos) enhanced the presentation.					
7. The program resource materials (ie, textbooks, video) were useful.					
8. Course materials, including the appropriate AHA textbook, were provided to allow adequate preparation time.					
9. The classroom environment was conducive to learning.					
10. There were adequate and appropriate physical facilities for this course.					
11. I would recommend this course to my colleagues.					
12. The program was presented at an appropriate pace conducive to learning.					
13. Instructors presented the material with knowledge and clarity.					
14. Instructors provided adequate and helpful feedback .					

Please complete the other side.

Please rate the instructor's overall effectiveness by using the following rating scale and checking the appropriate column.

Rating Scale

1 ----- 2 ----- 3 ----- 4 ----- 5
Poor Fair Satisfactory Good Excellent

Instructor - Topic	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?

(Optional)

If you would like feedback on your comments, please fill out the following:

Name: _____

Address: _____

Phone: _____

Signature (required if any action is being requested) _____

Please submit your comments to the Instructor at course end, or if you prefer, you can mail this form either directly to:

Spencer Hospital TC
 1200 1st Ave East
 Spencer Iowa 51301
 (712) 264-6117

and/or

AHA National Center
 7272 Greenville Avenue
 Dallas TX 75231
 1-877-AHA-4CPR

Nurses: A program evaluation may be submitted directly to: Iowa Board of Nursing, RiverPoint Business Park, 400 SW 8th St Suite B Des Moines, IA 50309-4685

Thank you for your participation!