

**2021 Individual Evaluation
ECC COURSE EVALUATION (FF, HS, BLS, ACLS, PALS)**



COURSE: _____ INSTRUCTOR: _____

DATE: _____ EXACT START TIME: _____ EXACT END TIME: _____

LOCATION OF COURSE: _____

Please mark with an X based on your experience

Class

1. It was easy to enroll in the course
2. Instructor recommended the Student Manual before, during and after class
3. Feedback devices were used for skills testing
4. There were no more than 3 people using 1 manikin
5. The equipment was clean and in good working order

Agree	Neutral	Disagree

Instruction

1. My Instructor communicated clearly
2. My Instructor answered my questions

Agree	Neutral	Disagree

Satisfaction

Why did you take this course? _____

1. I can apply the skills I have learned
2. My instructor explained how to claim and access my eCard

Agree	Neutral	Disagree

Any comments you would like to make on the delivery, facilities, instructor, and overall satisfaction with the course? _____

After completing the evaluation, please give to your instructor before you leave the class. You may also contact the Training Center: CPR Consultants if you have significant problems or concerns: 919-850-9295, www.cprconsultants.com, info@cprconsultants.com.