

American Heart Association® Emergency Cardiovascular Care Program  
Southern Region EMS Council, Inc.  
2010

## ACLS Course Evaluation

**Instructions:** Please complete an 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.

Circle name of course:

*ACLS Initial Course*

*ACLS Renewal Course*

Name of Instructor: \_\_\_\_\_

Date of course: \_\_\_\_\_ Location of course: \_\_\_\_\_ Hours of course: \_\_\_\_\_

Your profession: \_\_\_\_\_

Your reason for taking this course: \_\_\_\_\_

*Strongly Disagree*  
1

*Disagree*  
2

*Neutral*  
3

*Agree*  
4

*Strongly Agree*  
5

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 and extended my knowledge.	1	2	3	4	5
4. There was an adequate supply of equipment that was clean and in good working order.	1	2	3	4	5
5. The method of presentation (videos, scenarios) enhanced my learning experience.	1	2	3	4	5
6. The audiovisual materials (posters, case discussions, videos) enhanced the presentation.	1	2	3	4	5
7. The program resource materials (textbooks, outlines, handouts) were useful.	1	2	3	4	5
8. Course materials including the ACLS textbook were distributed at least one week before the first day of class.	1	2	3	4	5
9. The classroom environment was conducive to learning.	1	2	3	4	5
10. There were adequate and appropriate physical facilities for this course.	1	2	3	4	5
11. I would recommend this course to my colleagues.	1	2	3	4	5
12. The program was presented at an appropriate pace conducive to learning.	1	2	3	4	5
13. Instructors presented the material with knowledge and clarity.	1	2	3	4	5
14. Instructors provided adequate and helpful feedback.	1	2	3	4	5

*Please also complete page 2*

Please rate the instructor's overall effectiveness.

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

Instructor and Topic	1	2	3	4	5	Comments

Please use this space to make any additional comments.

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

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(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): \_\_\_\_\_

*Submit this course evaluation to your instructor at the course end or mail it to:*

Nadine Rohrick, Administrator  
Southern Region EMS - AHA® Training Center  
6130 Tuttle Place  
Anchorage, AK 99507-2041  
(907) 562-6449

and / or

ECC Customer Support Center  
American Heart Association® Alaska Region  
1100 E. Campbell Road, Suite 100  
Richardson, TX 75081  
Fax: (214) 570-2922